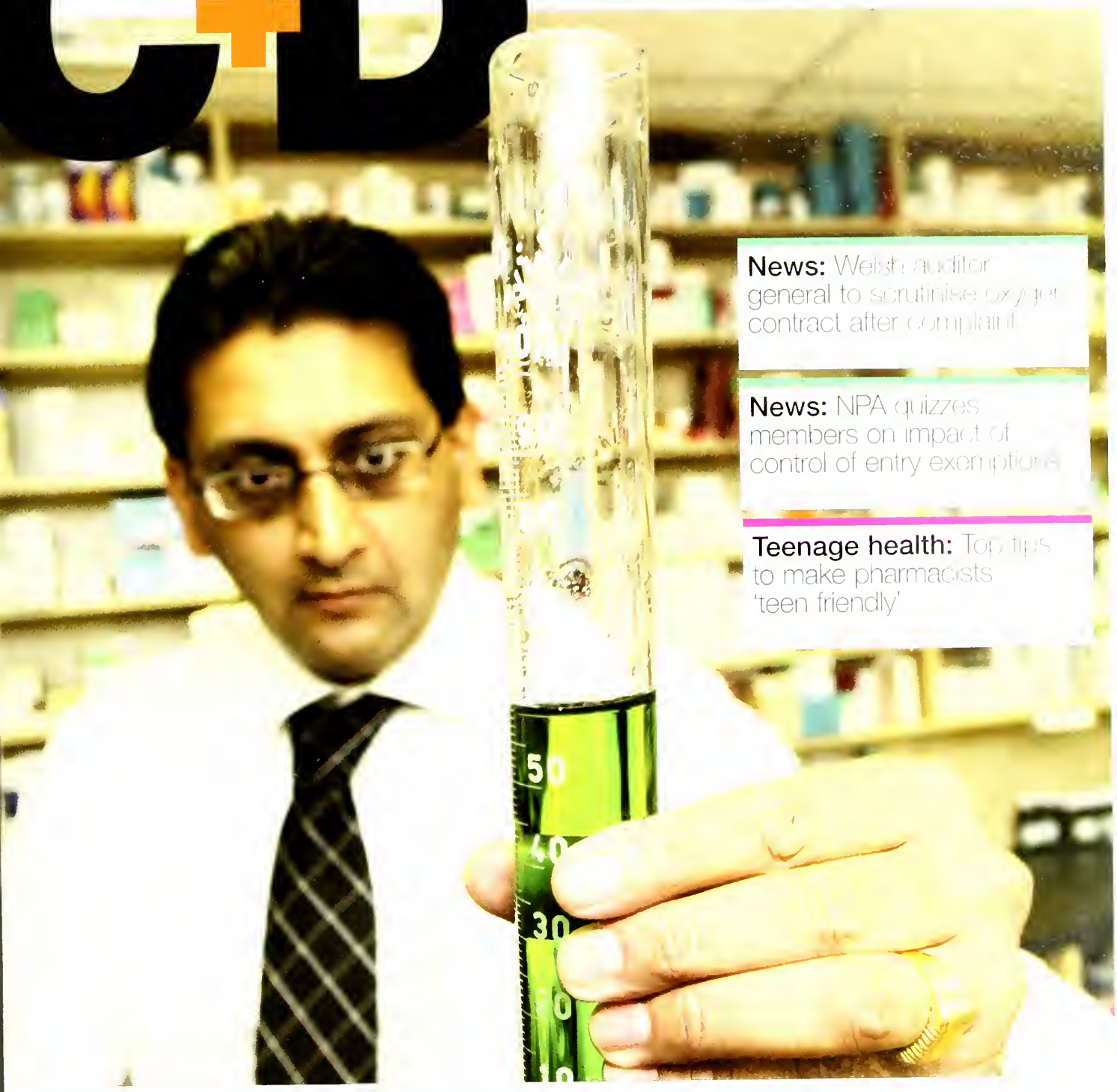
15 July 2006

Chemist+Druggist



News: Welsh auditor general to scrutinise oxygen contract after complaint

News: NPA quizzes members on impact of control of entry exemptions

Teenage health: Top tips to make pharmacists 'teen friendly'

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new

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Heartburn and Indigestion? Reach for Rennie.

Product Information for Rennie® Fruit and Rennie® Peppermint
Presentation: *Rennie® Fruit* contains 500 mg calcium carbonate. *Rennie® Peppermint* contains 680mg calcium carbonate and 80mg magnesium carbonate. Indications: *Rennie® Fruit and Rennie® Peppermint* for the symptomatic relief of indigestion, heartburn, hyperacidity, flatulence, upset stomach, dyspepsia, biliousness, over indulgence in food and drink, indigestion during pregnancy, nervous indigestion. Dosage and Administration: *Rennie® Fruit and Rennie® Peppermint* tablets to be fully sucked or chewed. *Adults:* 2 tablets as required to a maximum of 16 tablets in 24 hrs. *Rennie® Fruit Children:* Not recommended for children under 12. *Rennie® Peppermint Children 6-12 years:* 1 tablet up to 8 times daily. *Children under 6 years:* Not recommended. Contraindications: Hypersensitivity to any of the ingredients. Warnings and Precautions: May impair absorption of other drugs if taken concomitantly. Seek medical advice if the patient has renal impairment. Side Effects: Alkalosis, hypercalcaemia, acid rebound, milk alkali syndrome or constipation. These usually only occur following larger than recommended dosages. Cost: *Rennie® Fruit* 8s £0.99, 32s £1.99, 64s £3.59. *Rennie® Peppermint* 12s £1.05, 24s £1.75, 36s £2.49, 48s £2.75, 96s £4.35. MA Numbers: *Rennie® Fruit* PL 0010/0354. *Rennie® Peppermint* PL 0010/0353. MA Holder: Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Legal Category: GSL. Date of Preparation: May 2006. ® Registered trademark of Bayer AG.

C+D

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Chemist+Druggist

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Cover picture: Beran Patel, [illegible] pharmacy champion. See page [illegible]
Picture by Angus Muir

Auditor general to scrutinise Welsh oxygen contract after complaint

Wales Initial investigation into 'value for money issues' may widen depending on findings

A powerful government audit office is to take a close look at the controversial oxygen contract in Wales. Jeremy Colman, auditor general for Wales, has opened a formal investigation into the contract signed between the Welsh Assembly Government and Air Products following a complaint from a non-Assembly source. The investigation's breadth and depth are still to be decided.

An initial investigation has opened focusing on the points raised by the complainant– the Wales Audit Office, as is usual, has refused to name the writer – but the probe could be widened considerably depending on Mr Colman's findings.

Although the Welsh and English contracts are separate documents, both were drawn up by the same people in London, and Mr Colman's findings will throw considerable light on English difficulties.

The Welsh Audit Office has confirmed it is looking into the oxygen contract, saying it would specifically cover "a number of value for money issues that were raised with us". Once completed, the work would be forwarded to the auditor general who would decide what action to take.

The latest health committee meeting found minister Brian Gibbons still under considerable pressure over the contract. Shadow minister Helen Mary Jones said the committee had forced Dr Gibbons to agree, contrary to his intention, to pharmacy supply continuing beyond the end of this month.

Liberal Democrat Assembly Member Jenny Randerson said the minister had still to say whether pharmacists would have all their additional costs covered: it still seemed up to individual local health boards. Her own investigations had found that many LHBs had failed, due to lack of funding from Cardiff, to carry out the linked full survey into whether patients were receiving the correct prescriptions for their needs. **CB**

Jeremy Colman is to investigate the Welsh oxygen deal

What will happen after July 31?

According to PSNC, contractors will still be reimbursed for the cost of gas and rental of non-Drug Tariff size cylinders, as outlined in the Drug Tariff, despite the handover transition period ending on July 31. It says regional suppliers are working to assure supply by this date. However, it advises that pharmacies may still need to support suppliers after this date. **AC**

NPA seeks views on control of entry impact

NPA Questionnaire will help form response to DH review of progress

Gary Paragpuri

Community pharmacists are being asked for their views on how the control of entry exemptions have impacted on local pharmacy services.

The NPA sent a questionnaire last week to a sample of its members. Feedback from this will inform its response to the DH's review of progress on its reforms to control of entry in England.

The NPA reiterated its view that control of entry was needed to ensure a rational distribution of pharmacies. Any exploitation of the exemptions in a "manner that undermines the basic principle of basing contracts on necessity and desirability" could weaken the widespread access to services, NPA chairman Umesh Patel said.

The market can only support a finite number of pharmacies and PCTs' ability to plan services should not be frustrated by the control of entry exemptions, the NPA added. The 100-hour exemption in particular was having most impact, the NPA claimed, because it was being used to circumvent the necessary or desirable test.

A number of 100-hour pharmacies in or adjacent to GP surgeries were causing problems for local contractors, the NPA claimed.

"The position is exacerbated by the unwillingness or inability of some PCTs to monitor the 100-hour requirement. It was always our understanding that the 100-hour exemption would be coupled with a robust monitoring framework. This is essential to prevent abuse of this exemption," it added.

NPA chief executive John D'Arcy urged members to get patients and other healthcare professionals who were concerned about the impact on pharmacy services from further relaxations of controls to respond to the DH consultation. Patients could also be encouraged to attend DH regional listening events.

Pharmacists can get the NPA's questionnaire by calling 01727 858687 ext 3204 or by emailing pharmacybusiness@npa.co.uk

PCTs' ability to plan services should not be frustrated by the control of entry exemptions, the NPA has warned

John D'Arcy on the perils of cost cutting
Page 14

Out of hours funding review

Scotland Contractors to weigh up £1.5m budget

Scottish contract negotiators are to review new £1.5m funding for unscheduled care services.

During 2006-07, Scottish contractors will get a share of the unscheduled care budget, according to the hours a pharmacy is open. Pharmacies that are open for more than 30 hours a week will earn £105 per month.

Alex MacKinnon, Scottish Pharmaceutical General Council head of professional services development, said this will be reviewed at the end of the year to ensure it reflects the workload involved.

An SPGC survey confirmed a substantial extra pharmacy workload on Saturdays and bank holidays, including a "surprising amount of emergency supplies that also seems to be increasing," he said.

SPGC also points out the funding is not dependent on contractors using the patient group direction for issuing emergency supplies. **AC**

Free seminar and exhibition

Exhibition Birmingham to host Pharmacy Show

The Pharmacy Show, a free exhibition and seminar for community pharmacists and their staff, will run on October 15 and 16 at Birmingham's NEC.

Over 3,000 pharmacists are expected to attend the event, which will also feature business sessions and workshops by Cegedim managing director Simon Driver, and Fusion Health's Hooman Ghalamkari.

Nearly 150 exhibitors have confirmed so far. Keynote speakers include Susan Grieve of the Department of Health, MP Sandra Gidley, PSNC's Alastair Buxton, ABPI president Nigel Brooksby, AAH group managing director Steve Dunn, Numark managing director Simon Golebeck and Day Lewis chairman Jairit Patel.

To register, visit the website www.thepharmacyshow.co.uk or telephone 0870 333 1277. C+D – the Pharmacy Show's leading media partner – will publish more information on the event over the coming weeks. **AF**

News in brief

July NCSO

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for July prescriptions: diamorphine 5mg, 10mg, 30mg, 100mg and 500mg injection ampoules; ketoprofen 100mg capsules; and ethosuximide 250mg capsules.

NI CD regs change

Legislation has been published to bring controlled drugs regulations in Northern Ireland in line with the rest of the UK.

A number of conditions, such as restricting the maximum validity of a CD prescription to 28 days, came into force on July 7. Two changes to the way CD supplies are recorded will be effective from next January.

AAH pre-reg course

AAH Pharmaceuticals has devised a training programme to prepare this year's pre-registration students for their exam in 2007.

Christie's auction house in South Kensington, London this week held a sale of scientific, medical and engineering works of art. Pictured are some of the antiques which were up for auction. Clockwise (from top left) are a late 19th century English 'newly improved' Magnetico-electric machine, pocket-sized in a mahogany case, estimate £150 to £200; five 19th century continental silver sick siphons, estimate £450 to £650, an early 20th century "Tabloid" brand first-aid kit with original unopened contents, estimate £150 to £200; and a French late 19th century pocket-sized medical set in fish-skin covered case, estimate £150 to £200

Lecturer strike threatens one quarter of pharmacy students

Education Survey shows 23 per cent of MPharm students' marks withheld

Tom Hawkins

Almost a quarter of this year's MPharm final year students risk being denied the chance to complete pre-reg training if education chiefs and unions fail to resolve the ongoing dispute over lecturers' pay, which is being voted on this week.

A survey of UK schools of pharmacy by the RPSGB in late May revealed that while undergraduates had completed all assessments, a total of 23 per cent of MPharm students' exam marks were being withheld. Furthermore, 14 per cent had marks for more than one type of assessment withheld. The proportion of marked and unmarked work is unknown.

Damian Day, RPSGB head of accreditation, said: "The situation is changing rapidly and we are monitoring each school on a case by case basis."

Damian Day: monitoring schools on a case by case basis

On May 30, the RPSGB issued guidance saying students would be accepted into pre-reg training pending confirmation of their results. If these remain withheld by the cut-off date in November, or the student fails, then they will be removed from pre-registration training.

Members of the University and College Union, formed through the merger of the AUT and NATFHE unions, are voting on a deal struck last month to increase pay by 13.1 per cent over three years. The ballot closed on Friday July 14.

Graham Phillips, chairman of the RPSGB education committee, said: "So long as they've sat the assessments the problem doesn't arise until November. Hopefully it will be put right well before. You can only feel for the students involved."

Raj Nutan of the NPA said members would have no chance of replacing any pre-reg students who are withdrawn if the pay dispute is not resolved. He said this could jeopardise grants and discourage future uptake.

"There needs to be reassurance for members that in offering a pre-reg place they won't be penalised," he said.

Pharmacy attitudes fail drug misuse services

Scotland Negative attitudes getting in the way of Scottish needle exchange

Ailsa Colquhoun

Negative attitudes towards drug misusers, as well as recruitment and retention problems, handicap pharmacy's involvement in Scottish needle exchange provision.

Although pharmacies make up the bulk (72 per cent) of Scottish needle exchange outlets, they are falling short in the services they offer, according to a Scottish Executive report. Specifically, it highlights concerns that:

- There can be problems with negative attitudes to drug users among pharmacy staff, particularly in rural areas.
- Pharmacies don't, and can't, provide the same breadth and depth of service as a specialist harm reduction service.
- There isn't sufficient time and space in a pharmacy to have a consultation with service users about safer injecting practices.
- There is limited space for storage, preventing pharmacies from getting involved in pick-and-mix distribution of paraphernalia.
- Pharmacy services generally get fewer returns.
- The high turnover of pharmacy counter staff requires regular and ongoing training.
- Injectors in rural areas can be reluctant to use the local pharmacy exchange for reasons of confidentiality.

The SE added that the bulk of pharmacies do not provide the full range of possible intervention services including giving written or oral harm reduction information, formally referring users to drug treatment services, or holding lists of local drug treatment services or pharmacy needle exchanges.

However, the SE concluded there are benefits to a pharmacy needle exchange, namely, that: pharmacies are accessible; transactions in pharmacies are fast and discreet; and it is cheaper to provide needle exchange through a pharmacy than a specialist service.

Among its recommendations, the SE highlighted a need for:

- A standard for needle exchange services in Scotland.
- Standard and ongoing training for pharmacy needle exchange providers.
- Guidelines regarding paraphernalia distribution in Scotland, and mechanisms to ensure compliance with the guidelines by NHS boards.
- More funding for needle exchange services, in particular for citric acid distribution.
- A balance between pharmacy and specialist needle exchange provision in local areas.

Commenting on the findings, Stuart Notman, an Aberdeen pharmacist active in substance misuse services, agrees that training and support could help more pharmacists to get involved. However, he said that resources need to be targeted at those who are willing to be involved.

Anne Adams: leadership skills have impact

Pilot assists leadership

RPSGB Programme helps participants make progress

Developing pharmacists' leadership skills can have a major impact on progressing local issues, a Royal Pharmaceutical Society pilot has found.

The RPSGB launched the pilot 12 months ago with £25,000 of funding from the NHS Leadership Centre with the aim of helping all types of pharmacist within local networks to develop their leadership skills and work across organisational boundaries in new and effective ways.

More than three quarters of the 24 participants from three regions – Calderdale & Huddersfield, North & South Trafford and Eastern Cheshire – said the programme helped them make significant or major progress on a local issue.

Anne Adams, the Society's head of professional leadership, said she was unable to provide specific details, but participants had time to discuss "a local knotty issue using skills learned during six face-to-face workshop days during the programme".

More than two thirds had noticed a significant or major development in how they communicated and worked together to get things done.

Forty four per cent felt pharmacy has been better integrated into the working of the NHS as a result of the programme. **JE**

RPSiW highlights communication at 30th AGM

Wales Society rewards long serving member

More than 70 pharmacists, technicians and students attended the 30th annual general meeting of the Royal Pharmaceutical Society in Wales last week.

RPSiW chairman Peter Jones opened proceedings with the organisation's annual report, which highlighted communication – both to and about pharmacists – as a subject that had been top of the agenda over the last year.

Deryck Howell, a life vice-president of the Cardiff & District Pharmacists' Association (now the Society's Cardiff & Vale branch) was presented with an engraved decanter to mark the 70 years he has spent on the Register. In turn, Mr Howell donated a signed copy of his book 'Target Mussolini', based on his experiences in the army, to the RPSGB's library. **AF**

Deryck Howell (right) with the engraved decanter he received to mark 70 years on the Register. The presentation was made by Professor Terry Turner, past chairman and life vice-president of the Cardiff & District Pharmacists' Association

MPs seek views from grassroots pharmacists in APPG inquiry

Politics APPG inquiry looking to hear about 'not just problems but solutions' from pharmacists

Gary Paragpuri

MPs are calling on grassroots pharmacists to make their views heard in a parliamentary inquiry into the future of pharmacy.

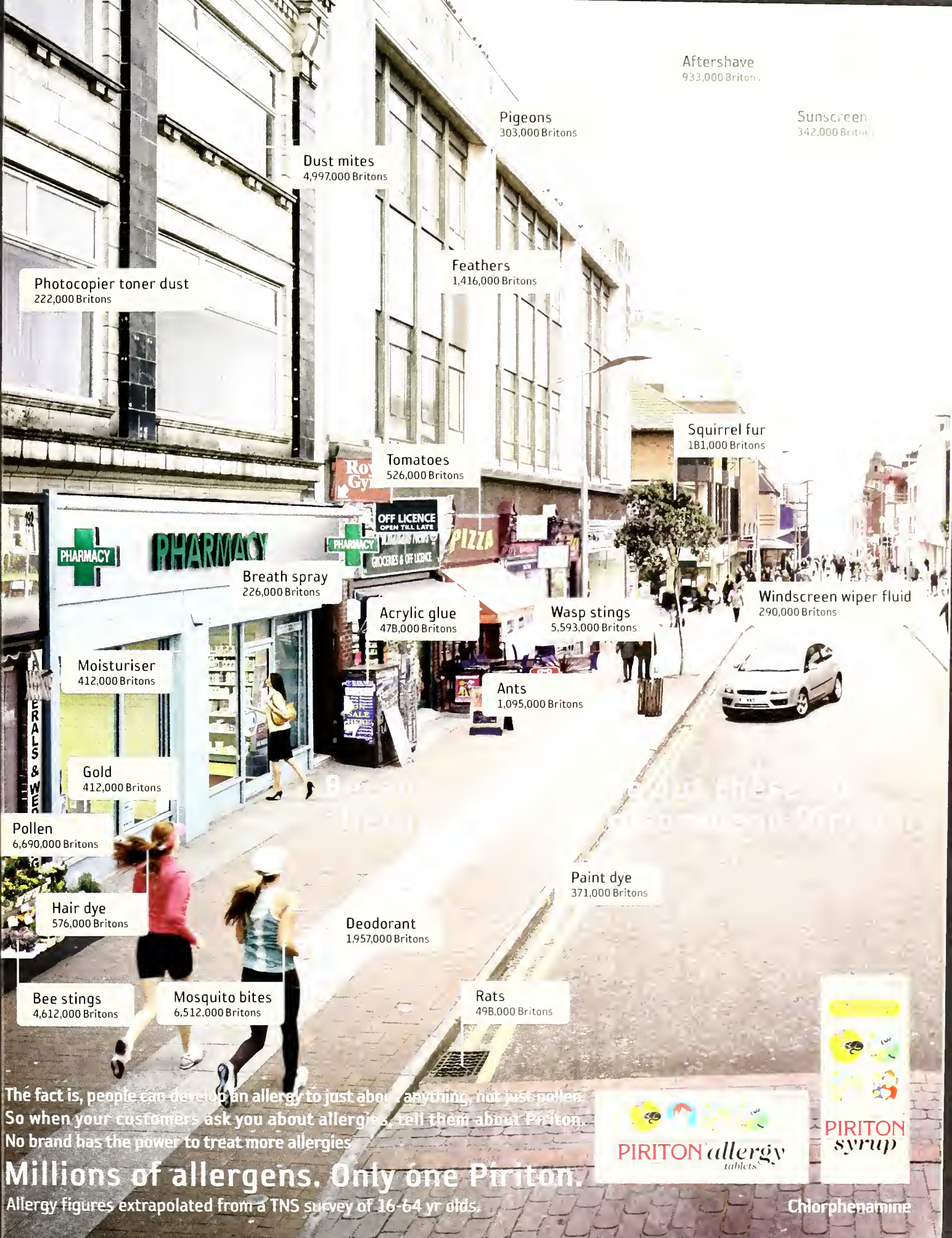
Howard Stoate and Sandra Gidley said they wanted to hear "not just problems but solutions" as part of the All-Party Pharmacy Group's inquiry, which launched on June 21.

Up to six public evidence sessions will be held later this year with a final report and recommendations due by the year end, Dr Stoate, chairman of the APPG, said.

YOUR PHARMACY YOUR FUTURE

The inquiry aims to encourage thinking about how pharmacy services could be developed, and would seek to challenge policy makers and pharmacists, Dr Stoate said. Pharmacy development was currently "too patchy" and the potential of pharmacy "is not being used to its full extent", he added.

The inquiry would examine why the uptake of opportunities within the new contract in England and Wales had not been realised, Ms Gidley said. C+D is covering the inquiry on its website – click on the Your Pharmacy Your Future logo at www.dotpharmacy.com



Piriton Allergy Tablets and Piriton Syrup Product Information. Presentations: Tablets containing 4 mg chlorphenamine maleate. Syrup containing 4 mg chlorphenamine maleate in 10 ml. Uses: Symptomatic relief of chickenpox itch and allergic conditions including hayfever. Dosage and administration: Tablets: *Adults:* 1 tablet every 4-6 hours. *Children aged 6-12:* ½ tablet every 4-6 hours. Syrup: *Adults:* 10 ml every 4-6 hours. *Children aged 6-12:* 5 ml every 4-6 hours. *Children aged 2-6:* 2.5 ml every 4-6 hours. *Children aged 1-2:* 2.5 ml, twice daily. Contraindications: Hypersensitivity. Concurrent or recent treatment with MAOIs. Precautions: May increase effects of alcohol. May affect ability to drive and use machinery. Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. Side effects: Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiac disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions, tinnitis. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. Pregnancy and lactation: Consult doctor before use. Legal category: P. Product licence numbers: Tablets: PL 00036/0091. Syrup: PL 00036/0088. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Package quantity and RSP: Tablets 30s £3.15, Syrup 150 ml £3.99. Date of last revision: October 2004. Piriton is a registered trade mark of the GlaxoSmithKline group of companies.

Day Lewis launches in-house error reporting

Retailing Chain puts improving patient safety at the top of the agenda

The Day Lewis pharmacy chain has launched its own in-house reporting system in a bid to improve error reporting rates.

Under the scheme, full time and locum pharmacists will attend a one-day course on improving patient safety. They are also being issued with a set of supporting standards. These cover non-technical skills such as communication and workload management.

Currently, around 85 per cent of the company's full time pharmacists have attended.

Additionally, the company has devised its own incident reporting form. Information from this will be forwarded to the National Patient Safety Agency. And like the NPSA, Day Lewis is adopting a non-punitive culture.

According to Day Lewis professional services pharmacist Kirit Patel Jnr, the aim is to reduce the average dispensing error rate in pharmacy from the current estimate of 1 per cent. "It is about changing the culture and realising that it is perfectly possible to reduce errors," he told C+D.

Kirit Patel Jnr: "It is about changing the culture"

The move comes as government watchdogs slammed the NPSA and NHS trusts for doing little to reduce serious patient safety incidents.

The House of Commons Committee of Public Accounts (PAC) criticised the NPSA for the delays and cost over-runs involved in setting up the National Reporting and Learning System.

As a result, around 22 per cent of incidents and 39 per cent of near misses are going unreported, it believes, and there are problems relating to medication errors and incidents leading to serious harm.

The PAC concluded that the NPSA has failed to develop solutions to reduce serious incidents. A spokesman said: "There is a question mark over the value for money being achieved."

For more information visit http://tinyurl.com/p6yyo **AC**

S60 could lead to extra costs

Legislation Separating professional and regulatory roles may impact on budgets

The draft Section 60 order will force the RPSGB to become a more forceful regulator. Not only may this be at the expense of its professional and supportive roles, it may also have a cost implication, the Institute of Pharmacy Management International has said in its response to the S60 consultation.

IPMI general secretary Howard McNulty said: "Regulatory costs per member are already double those of the General Medical Council and the Nursing and Midwifery Council, and will rise. IPMI is thus concerned by the potential cost implications of separating professional and regulatory roles."

IPMI also outlines a number of other concerns, including:

- The proposed indemnity insurance requirements are inappropriate for pharmacists not working with patients.
- There is no facility in the draft order to exert controls over corporate bodies.
- The draft order does not recognise the implications of devolution or the national boards. **AC**

PDA lays down law ahead of Health Bill review

Practice PDA says routine absence from the dispensary is not acceptable

The Pharmacists' Defence Association has set out plans for a flexible approach to remote supervision as part of a response to the Health Bill drafted by the government last year.

At a meeting of the RPSGB's working group on the proposed regulations on July 7, PDA chairman Mark Koziol said the association would draw the line at pharmacists being routinely away from the dispensary but there were situations where it was necessary in the interests of public safety.

For example, he argued, pharmacists could take a rest break when working long shifts or making an emergency delivery or visits to rectify dispensing errors.

He said: "We accept that absence is not good but there's a very limited range of scenarios where the greater good is served by the pharmacist not being there."

Mr Koziol added the dispensary could operate if the pharmacist was in the consultation room, but only for agreed services such as repeats.

In each case, Mr Koziol said the pharmacy should be manned by trained, accredited staff with strict protocol to avoid pushing them past their competence levels. **TH**

Mark Koziol: care must be taken not to push staff past their competence levels

Pharmacists warned over online drugs

Ethics Query GPs' judgement, BMA urges

GPs have called upon pharmacists to be vigilant following an investigation that found prescription drugs being prescribed over the internet without patients having a face to face consultation with the prescriber.

Paul Cundy, spokesman at the British Medical Association, told C+D that pharmacists had a responsibility to question a doctor's judgement if they were aware a consultation had been conducted online.

He said: "Where you can't see, touch, hear or smell a patient, you don't know who they are and when communication is constrained to filling in a form, it's not an exchange."

His comments follow an investigation by The Sunday Times where drugs including Propecia, Reductil and Viagra were acquired legally over the internet even though the reporter gave false information. He said the loophole, described by the General Medical Council as a "grey area", contravenes BMA best practice.

Mark Koziol, chairman of the Pharmacists' Defence Association, said there were a large number of "perfectly acceptable" companies that comply with the internet guidelines established jointly by professional medical bodies.

However, he said it was possible there were some firms "around the edges" that were trying to supply medicines doctors do not want to provide. **TH**

News in brief

£1,250 Almus award

Prize money worth £1,250 is up for grabs in this year's Almus Patient Safety Award. Open to technicians and pharmacists, the award recognises innovation and best practice in patient safety in pharmacy. The award is in two parts: a scenario-based section requiring a recommendation, and an overview of patient safe practice. First and second prize winners will also receive a place at the UniChem pharmacy awards gala dinner in London in November. Further information on the awards is available at www.dotpharmacy.com/PSA

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Universities try to boost pharmacist population

Education Applications to open pharmacy schools are lodged with RPSGB

Tom Hawkins

A rise in the number of registered pharmacists in the UK could be on the cards after a number of universities lodged applications to open schools of pharmacy.

Three universities, which cannot be named, have taken the first step in a seven-stage application process by filing their business case with the Royal Pharmaceutical Society.

Graham Phillips, chairman of the Society's education committee, said the surge in interest was linked to growing demand for science-based courses, with pharmacy particularly popular because of the guarantee of work at graduation.

However, he warned that an influx of trained pharmacists could lead to oversupply and ultimately threaten employment prospects. He told C+D:

Graham Phillips: pharmacy more popular

"There will come a point at which supply will outstrip demand and it's difficult to predict when it will come."

Applicant schools are subject to a stringent assessment to ensure they have the necessary resources and staff to conduct a pharmacy course. Accreditation can take up to seven years and the Society has a duty to approve all applications that meet the assessment criteria.

The applications were discussed at the RPSGB's education committee meeting on July 3. Also on the agenda was the training requirements for pharmacists to become independent prescribers.

The committee discussed proposals that pharmacist independent prescribers could automatically qualify as supplementary prescribers as their training covered all the core competencies. It also looked at whether supplementary prescribers could take a short conversion course to become independent prescribers.

However, the proposals are not finalised and Council will need to ratify the final requirements.

LPCs key to MUR success

Practice LPCs could take lead in delivery of services

Local pharmaceutical committees have a duty to grasp the baton in the uptake of medicines use reviews.

That is the view of Peter Dawson, development pharmacist at Leeds LPC, who recently co-ordinated a seminar in association with AAH Pharmaceuticals to increase the use of MURs among 40 accredited pharmacists in the city who have conducted very few or no reviews.

Speaking to C+D, Mr Dawson said the role of the LPC has extended from being exclusively contract oriented and the committees were ideally placed to take the lead in the delivery of services. He said: "MURs are the only advanced service in the contract and we've got to make the government aware we can handle it. There's an amount of funding there."

The MUR seminar helped reluctant pharmacists overcome common obstacles such as finding the time and understanding the role of the GP. It also revealed that patients were much more likely to take part if they were offered a chance to discuss their medication rather than approached with the phrase 'MUR'.

Mr Dawson added that short interviews without prior appointment were equally important. **TH**

Wardles, one of United Co-op Health Care's wholesaling arms, sponsored North Staffordshire's Carer Week. Pictured trying out a disability scooter at one of the awareness events is Joan Walley, MP for Stoke-on-Trent North, with Hanley branch care centre manager Brian Clare and mobility sales adviser Sharon Craig

Buying groups must evolve

Retailing Shift from buying to pharmacy development

Buying groups will have to evolve into pharmacy development groups if they are to meet the needs of independent customers, a chairman of a pharmacy buying organisation has claimed.

Enhanced service commissioning is likely to present more opportunities for community pharmacy over the next few years, Cambrian Alliance chairman Mark Griffiths believes. He said: "Enhanced services are where the future of pharmacy is. Pharmacy is more than capable but we have to have the means to do it."

However, pharmacists have got to get better at negotiating for funding. "If government wants us to do something, an early question should be: how much are you willing to pay us for doing it?" Mr Griffiths said new contract support had become an important part of Cambrian's service, but financial services would remain a key part of membership. This follows a survey in which members reported preferential buying as their main reason for joining. **AC**

SPGC

Minor ailment service: direct referral out of hours service

If a patient presents with a minor ailment in an out of hours situation when their own GP is not available, and the pharmacist thinks that the patient requires to be seen urgently by a GP, then the pharmacist is able to initiate an OOH direct referral.

Community pharmacy is a valuable partner to NHS 24 and out of hours services. OOH services want community pharmacists to use an 'assess and treat' approach when dealing with patients.

Where a suitable diagnosis can be made, the community pharmacist must decide if there is an appropriate OTC product available, or if they need to be referred to the OOH service instead. Pharmacists should consider the overall picture and what the impact of referring to the OOH service would be. They must decide if the patient needs to be seen immediately or if they can wait until they can be seen by their own practice.

When speaking to the patient the pharmacist should advise referral to the OOH service due to their symptoms rather than stating that a specific treatment is needed, to avoid raising the patient's expectations.

Pharmacists can contact the OOH service directly on the previously supplied professional to professional number, when they feel that the patient is not suffering from a minor ailment. This will enhance the patient's journey and avoid unnecessary calls to NHS 24 when a professional decision has already been made.

The OOH service will ask for the patient's name, date of birth, address, postcode, name of their doctor and practice. They will also ask for a brief description of the symptoms and how quickly they need to be seen. The OOH service will then give the pharmacist advice on an appointment time and a location of care for the patient.

Patients should never be given the OOH number directly.

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Pharmacy Champions

Pharmacists leading the way

Name
Beran Patel

Pharmacy
The Brigstock Pharmacy, Croydon

What has he done?
Mr Patel pioneered the ETP service after signing up as a test site for AAH's LinkEvolution IT system last summer. He has currently processed over 1,000 electronic scripts and helped pinpoint some of the problems facing the national rollout of pharmacy IT in the future

What problems have you faced?
Being a test site we've encountered many challenges. At first our GP was issuing prescriptions for medicines that had not been electronically coded on their IT system. As a result we could not exchange information with the GP and had to process the script manually.

However, we've worked with the GP's system supplier to sort out the problem and around 80 per cent of drugs now have a tag.

It's now the minor problems that are putting a spanner in the works. We've had a few with scripts not being read because the kids have put them in their mouth.

I think these problems need to be addressed before we move to a national ETP rollout or it will lead to chaos.

The high point?
Having the latest technology installed at the pharmacy. Electronic medicines use review forms have saved us a lot of time and I have broadband email access.

The low point?
When you have a problem scanning scripts, but don't know if it's due to the NHS network, N3 or your own terminal. We have gone through a complicated series of tests only to find out later that the error was down to N3. I've also yet to receive my £200 setting up fee from the local primary care trust.

Customer response?
I don't think they have a clue what's going on. The scanner is hidden behind the counter and few notice the presence of a barcode on their prescriptions. Ignorance is bliss for now as they still receive a paper script from GPs. But there has to be an educational campaign before we move to the proposed paperless prescription system a few years down the road. Older patients are going to find the idea of walking out of the doctors without a hard copy prescription difficult to accept.

Top tip?
Embrace the electronic age with open arms. ETP is offering something revolutionary and you need to get involved as early as possible. But shop around for the right system and be wary of tying yourself to a particular supplier.

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Comment from the editor

Control of entry tinkering threatens the balance

Three years ago the loss of pharmacy control of entry seemed a likely scenario. The OFT's report was explicit in its recommendation that controls should go. "They inhibit price competition. They stifle efficiency improvements and innovation. They limit the availability of pharmacy services. And they impose substantial regulatory burdens," it announced.

Fortunately – or so it seemed at the time – the government chose instead to implement, in England, its 'balanced package of measures' (a move not mirrored in the other home nations). But how balanced have the measures been? And with impending changes to supervision, is there a danger of the balance shifting?

With the DH currently reviewing the impact of its package, the NPA has warned this week that tinkering with the regulations has had a detrimental effect on the pharmacy network. In particular, the 100-hour exemption is being used to circumvent the necessary or desirable test and when such pharmacies open in, or adjacent to, surgeries, they inevitably affect existing contractors.

The NPA also claims that PCTs are failing in their duty to monitor the 100-hour requirement. What is the point in having regulations to control new pharmacies if PCTs don't keep a watchful eye?

Control of entry was introduced to provide a degree of security to pharmacy and encourage investment, to prevent clustering and develop a more evenly spread and viable pharmacy network. With the shift in services and resources from secondary to primary care, community pharmacy is ready and willing to play its role in the new patient-centred NHS. Pharmacists are investing in premises and staff training and the contract's governance requirements have raised standards. But the balanced package has to a degree seen the return of leapfrogging.

With pharmacy remuneration still tightly linked to prescription volume, pharmacies new and old see close proximity to GP surgeries as key to their success, and the balanced package has done little to change this.

One driver for change should be the new contract. Its arrival was celebrated as the first step in breaking the link between remuneration and volume, but year one saw only one service in the advanced tier. Imagine the benefits to patients and the NHS of a nationally funded, pharmacy-led smoking cessation service in the contract's advanced tier.

Pharmacy did struggle to deliver its full quota of MURs, but numbers are now rising exponentially. Pharmacy has raised its game, and if Labour is to deliver its promised health reforms, it needs to put its hand in its pocket and put more money into national pharmacy services and ensure its package remains balanced.

> The balanced package has seen the return of leapfrogging

Your views

What price value: is cost cutting endangering patients?

Pharmacists are being asked to serve two opposing masters, argues NPA chief executive John D'Arcy

Professor David Cousins claims that pharmacists are putting patients at risk in pursuit of purchase profits on many generic drugs (C+D, June 24, 2006, p10).

I suspect most pharmacists will take exception to these remarks. The reality of the situation is that the variability in supply is in no way negligence on the part of the pharmacists, but a direct consequence of the Department of Health-led system of reimbursement that requires pharmacists to purchase generics at the lowest possible cost.

If the variability in generic supply is putting patients at risk, pharmacists are in an impossible position, being sandwiched between two conflicting ideals.

On the one hand is the need to provide a safe service of the highest quality while on the other is the need to provide product at the lowest possible cost.

The kitemark of quality in this trade off is the product licence, which provides the guarantee of quality, safety and efficacy.

Professor Cousins appears to be suggesting that the product licence can no longer be relied upon to do this and that pharmacists should do more in supplying generic products to ensure the supplied product is acceptable to patients.

> Pharmacists are in an impossible position, sandwiched between two conflicting ideals

Pharmacy – and the Department of Health – needs to have a good look at the evidence the NPSA has gathered on this issue and, if necessary, redress the cost/safety balance.

If any movement is needed, pharmacy will of course look to the Department of Health to make the necessary alterations to the reimbursement arrangements so pharmacists do not find themselves out of pocket.

It might also be an opportunity to reassess the quality message contained in a system that encourages the breaking of bulk packs and which does not allow pharmacists to provide patient packs on a routine basis.

We are repeatedly told by government that it wants a high quality pharmacy service.

No argument there, but let's get pharmacists properly equipped to do so and to move away from a situation where the yardstick of quality dispensing is a sharp pair of scissors.

Stuck on CPD? Take a look at p16

Xrayser

When big is not beautiful

Big is obviously still beautiful in the world of pharmacy economics, as the Co-op continues to mop up any businesses available (C+D, July 8, p5) and the supermarkets form a long queue for 100- hour contracts. The more pharmacies you own the better, and if you can own a few GP surgeries as well that must be better still (C+D, July 8, p4).

All sorts of opportunities are opening up for the future of pharmacy – many of them scary and most of them easy for the multiples to exploit. The possibility of having a GP surgery within a supermarket is a prime example of 'progress' that leaves independents struggling in its wake.

This progress does fit well with government plans. Invoking remote supervision rules could allow costs to be saved in the supermarket pharmacy for direction to its surgery. NHS Primary Care Contracting's tips for practice based commissioning (C+D, July 8, p4) could be employed if the surgery commissioned services from its own pharmacist, but without many of the expected benefits. The pharmacy would easily carry out 250 MURs a year, as patients would be referred directly by the GP at a time convenient to the pharmacy.

It has always been a concern that if GPs own a pharmacy they can direct prescriptions to that pharmacy, even though they don't need to because of the obvious patient convenience. But if a pharmacy owns a GP surgery it could potentially not only direct prescriptions but cleverly influence prescribing.

A future merger between a supermarket and wholesaler would create an organisation that 'owned' the whole clinical supply chain from doctor to patient. The middle man, or pharmacist, could quite easily then be squeezed out of arrangements altogether.

These possibilities are simply not open to the independent pharmacist. Unless of course a group like Nucare were to open a few surgeries in areas short of GPs, which would be very 'understanding' of local pharmacy needs. Now there's an idea.

A long way to integration

I agree with NHS Primary Care Contracting that, "pharmacists and GPs must work together" to help realise the government's primary care reforms (C+D, July 8, p4). But that's easy for them to say.

I can't see us getting much of a look in on practice based commissioning, at least until PCTs are re-assembled and able to exert some influence. PBC has handed GPs an enormous amount of secondary care funding for them to spend as they see fit. And they've decided to spend it on themselves. Well, wouldn't we? If pharmacy was handed some commissioning money, a lot more services would suddenly be available from pharmacies.

If pharmacists could even get round the table with GPs to discuss commissioning new services they might be able to convince them that some services could operate more effectively from pharmacy. But by the time pharmacists have a place at the table, the whole thing is likely to be a fait accompli, with GPs commissioning services from themselves that are rubber stamped by GPs on the PEC.

There is no doubt that Hemant Patel (C+D, July 8, p6) and Ivan Lewis (C+D, July 8, p6) are right – pharmacists must get more integrated with the rest of primary care if government reforms, and the future of the profession, are to be successful. I've just got to get through another 200 MURs first ..

LPC Inbox

Back to the future?

Three issues have returned to dominate the inbox this month (they never really left) oxygen, medicines use reviews and practice based comissioning

An initial announcement by BOC to withdraw from oxygen cylinder supply to community pharmacists from the end of July created a significant amount of panic in primary care as this would have led to the loss of a contingency service for patients whose needs were still unmet by the new service provider. Thankfully this decision has now been overturned following a considerable amount of lobbying by a number of parties and, no doubt, some difficult negotiations at the Department of Health.

MURs are still in the frame as we wait (impatiently) for a decision from Whitehall on a mark two MUR document and pursue an effective and safe IT solution to the transfer of data between pharmacy and general practice Like many LPCs, we are doing all we can to ensure that all stakeholders appreciate the benefits of quality MURs.

Practice based commissioning (who chose that title?) continues to work its way up the priority list with a constant round of meetings with an increasing number of groups. In our area it is at varying stages of progression and varying levels of understanding so there is much to be done to bring everyone up to a consistent point and ensure that community pharmacy has a seat at the table. This is not helped by the constant looking-over-their-shoulder syndrome that the NHS re-configuration has inevitably created.

Ever felt like we have been r... this circle before?

Written by an LPC officer

Thinking caps on

In the first in a series on continuing professional development we look at the first step – reflection

Helen Rhodes

For practising pharmacists on the Royal Pharmaceutical Society register, continuing professional development (CPD) has been a professional requirement since 2005. It is expected that CPD will soon become mandatory (figure 1).

This article looks to explore what is a learning need. And how is a learning need identified? The terms 'learning need' and 'learning objective' are used to mean the same throughout the article.

Identifying a learning need

It is at the reflection stage of the CPD cycle that a learning need is identified. It is important to describe this learning need appropriately, otherwise it will be more difficult to meet the objective and/or to include it within your individual CPD record.

Not identifying and describing a learning objective appropriately can lead to:

- Difficulties in meeting the learning objective.
- Difficulties in entering the learning on your CPD record.

Before we explore this further, let's look at the definition of a learning need/objective and some examples in practice.

What is a learning need?

A learning need is something new that we need to:

- Do (skills).
- Know (facts or information).
- Understand (attitude).

Sometimes a learning need might also be to change a behaviour, but for the purposes of this article we will discuss learning in terms of skill, knowledge or attitude.

What do you want to learn to do?

This is the first question that you are asked to complete when making an entry on your CPD record, either online or by hand.

SMART objectives

Remember to set SMART objectives. By asking yourself these questions (figure 2) it is possible to check that you have described the learning objective appropriately.

If your learning need cannot be described in terms of skill, knowledge or attitude, then you are probably trying to describe an activity.

Let's take the example of learning to drive. A person learning to drive needs to learn the skill to be able to drive and needs to understand the rules of the road. In this example, the learning objective is not 'to drive to work' – this is an activity. What the person wants to learn to be able to do – the learning objective – is 'to learn to drive'.

Putting this into the pharmacy context, if you are considering delivering medicines use reviews (MURs) from your pharmacy then what you want to learn to do might be to undertake MURs for your patients. However, this is an activity. The learning needs associated with being able to do this will be individual to

yourself and might include:

- Understanding the MUR service specification (attitude).
- Improving your communication skills (skill).
- Understanding the appropriate prescribing of HRT therapies (knowledge).

Another pitfall is trying to make the learning objective too big. For example, 'understand the side effects of medicines'. Note that the final bullet point above is a very specific clinical need; do not make your learning objective too broad and unmanageable.

Methods to identify learning needs

Methods that you can use to help identify your learning needs (figure 3) feature as a drop down menu within the 'reflection' page of your CPD entry. More detail appears within the RPSGB 'Plan and record' document that has been sent to all registered pharmacists and can also be found on the RPSGB website www.rpsgb.org.uk

Learning about the recent POM to P switches could be included as an entry into your CPD record. The learning objective within the 'reflection' part of the entry could read 'understand the treatment options for fungal nail infections' or 'know when to refer patients requesting treatment for fungal nail infections'.

Help that is available

The RPSGB is soon to launch a 'Getting Started with CPD' open learning pack. Details of how to order a copy will be published in the pharmaceutical press. If you indicated on the postcard that arrived with your Pharmaceutical Journal in February that you wish to receive a copy of the 'Getting Started with CPD' pack then it will automatically be sent to you.

The pack has been written for pharmacists who want to get started with their CPD. Many pharmacists have already started making entries onto their CPD record or keeping hard copies using the RPSGB recording format and therefore will not necessarily need to order a copy.

The RPSGB website – www.uptodate.org.uk – has a number of case studies that provide you with examples of what a CPD entry may look like.

Next steps

The next part of this series will look at the second step in the CPD cycle – Planning.

Helen Rhodes is a CPD facilitator. She can be contacted by email at helen@cpdsolutions.org.uk or by mobile on 07789 201022.

Figure 1: Mandatory CPD

On March 27, 2006 the Department of Health began its consultation on a draft Pharmacists and Pharmacy Technicians Order under Section 60 of the Health Act 1999. The consultation ended on June 19, 2006.

Among the main issues under consideration were the updating of provisions for education and training, including statutory requirements for CPD.

Once the Section 60 Order has been passed in Parliament, CPD will become mandatory and it is likely that the RPSGB will begin to ask registered pharmacists and pharmacy technicians for access to copies of their CPD records.

Figure 2: SMART objectives

Specific – what is it that I want to be able to learn to do (a skill, knowledge or attitude?)
Measurable – will I be able to test whether I have met your learning objective?
Achievable – have I taken into account constraints such as time, cost and support and are these realistic?
Relevant – is this learning objective relevant to my practice as a pharmacist?
Timed – what is a reasonable amount of time by which to have achieved this learning objective?

Figure 3: How to identify your learning needs

- Appraisal.
- Audit.
- Competences.
- Critical incident analysis.
- Feedback from users of services/products.
- Personal development.
- Personal interest.
- Patient query.
- Reading journals.
- Talking to colleagues/peers/peer review.

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Published Saturdays by CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

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C+D Clinical

An end to screening?

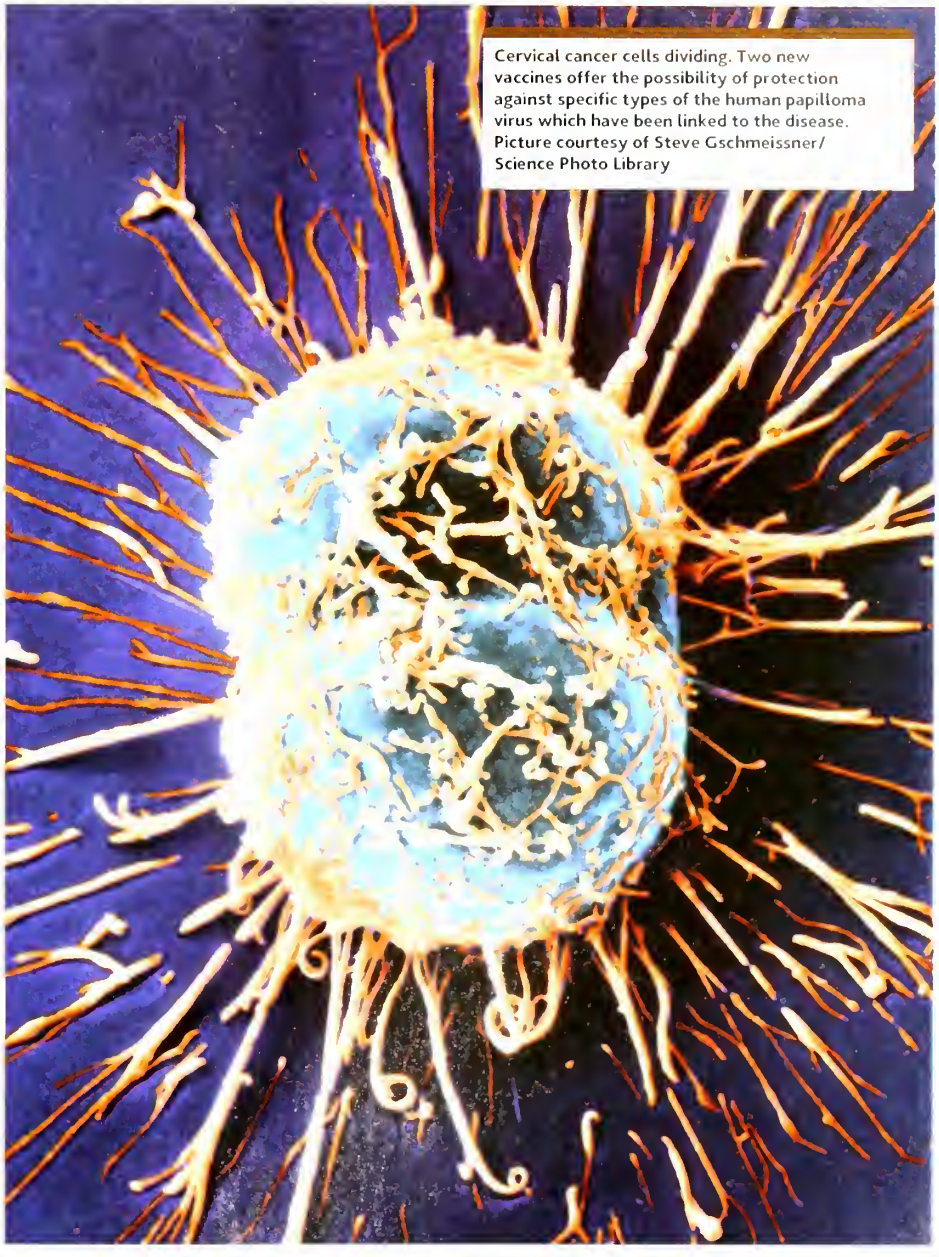
New vaccines could eliminate the need for cervical cancer smear tests

Nicola O'Connell

Invasive cervical cancer was once a common disease, but screening using the Papanicolaou (Pap) cytology technique has helped reduce about 75 per cent of the cervical cancer burden in developed countries during the past 50 years.[1] Nevertheless, cancer of the cervix remains the second most common cancer in women under 35 years. According to Cancer Research UK figures, 2,800 women in the UK are diagnosed with cervical cancer each year, and in 2002 the disease caused 1,120 deaths.

Worldwide, cervical cancer kills about 273,000 women annually, and at least three quarters of these are in developing countries. The highest risk areas are southern and eastern Africa, Melanesia, the Caribbean and Central America. Fewer than 50 per cent of women affected by cervical cancer in developing countries survive longer than five years.[1]

Theoretically, cervical cancer is preventable. But while screening programmes have a major impact, the biggest improvement is likely to follow the launch of two cervical cancer vaccines, predicted within the next year or two. The introduction of liquid based cytology (LBC) may also enhance the effectiveness of screening by reducing the number of false-negative results.



Cervical cancer cells dividing. Two new vaccines offer the possibility of protection against specific types of the human papilloma virus which have been linked to the disease. Picture courtesy of Steve Gschmeissner/ Science Photo Library

Causes of cervical cancer

Cervical cancer is not hereditary and the exact cause is unknown, but specific types of the human papilloma virus (HPV) are linked with the disease. It has been shown that 99.7 per cent of cervical cancers contain HPV DNA.[2] There are a number of high risk types of HPV, but HPV16 and HPV18 together account for 70 to 80 per cent of cervical cancers.[3] In line with the rise in other sexually transmitted diseases, genital HPV has become significantly more frequent since the 1960s.[4]

HPV is nearly always sexually transmitted and usually does not cause any symptoms. It is thought that having sex at an early age may expose the cervix to HPV when it is particularly susceptible. About three quarters of people of reproductive age have been infected with HPV at some point, but most women infected with the viruses do not develop cancer.[5] The infection is usually temporary – 90 per cent of people develop immunity – but when it persists, it can lead to pre-cancerous changes and eventually cancer

Cancer Research UK suggests a number of reasons why some women are more likely to develop cervical cancer than others, including

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smoking, poor diet and a weakened immune system. Furthermore, a study published in The Lancet involving data from 24 countries, found that women who used the oral contraceptive for five years or less had a 10 per cent increased risk of cervical cancer when compared with women who had never taken it.

This increased risk rose to 60 per cent with five to nine years of use and doubled with 10 or more years of use. But while the research suggested that long-term hormonal contraceptive use may increase the risk, it did not shed any light on whether the risk remained high after women stopped taking the Pill.[6]

Screening

Cervical cancer is one of the few cancers that is preventable because pre-cancerous cell changes can be picked up on screening.

The National Cervical Screening Programme, which invites all women between 25 and 65 years for a test at least once every five years, was launched in 1988. Since then, the death rate from cervical cancer in England and Wales has halved among women under 65 years.[4]

For women aged between 25 and 49 years, screening every three years prevents 84 cervical cancers out of every 100 that would otherwise have developed, says Cancer Research UK. However, because abnormal cells develop more slowly in women over 49 years, testing this population every three years offers no benefit over five-yearly smears.

The UK programme has been praised for its success, but it is not perfect. One in five eligible women does not participate, and Pap smears have important limitations. About one third of false negatives are attributable to slide interpretation errors, with the remainder due to poor sample collection and slide preparation.[1] Pap cytology is based on highly subjective interpretation of morphologic alterations and depends on optimally collected samples.

Liquid based cytology (LBC), the newer method of preparing cervical samples for cytological examination, uses a thin brush rather than a spatula to collect cells. Instead of putting the cells onto a slide, the head of the brush is broken off into a small pot of liquid, or the cells rinsed off into the pot. Consequently the cells are better preserved, leading to more reliable results.

The three pilot hospitals in England that tested LBC had repeat smear rates of 1 to 2 per cent, compared with 9 per cent for Pap smears. These hospitals are still using LBC and the NHS plans to roll out the technique nationally, though this is likely to take about five years.[7]

Vaccines

The development of prophylactic HPV vaccines represents a potentially major advance in the fight against cervical cancer. The two vaccines in the pipeline (GlaxoSmithKline's Cervarix and Gardasil from Sanofi Pasteur MSD/Merck & Co) have shown good results in large, multi-centre clinical trials in terms of efficacy, tolerability and safety. Both GSK and Sanofi Pasteur MSD have submitted marketing applications to the European Medicines Evaluation Agency (EMEA).

In clinical trials, Cervarix demonstrated 100 per cent protection against persistent infection with HPV16 and HPV18, and protection from related pre-cancerous lesions.[8] Preliminary evidence of broader protection against some other cancer-causing strains of HPV was also shown. The product is formulated with the proprietary AS04 adjuvant, shown to induce a stronger antibody response against HPV types 16 and 18 compared to the same vaccine formulated with aluminium salt alone. Further filings for Cervarix will follow in Australia, parts of Asia and Latin America, with submission to the FDA by the end of 2006.

Gardasil is a quadrivalent vaccine designed to prevent infection with four common HPV types – 6, 11, 16 and 18 – and related cervical cancer, cervical pre-cancer and genital warts. Phase III data showed that Gardasil prevented 100 per cent of high-grade cervical pre-cancers and non-invasive cervical cancers associated with HPV types 16 and 18.

Previous phase II data showed that the vaccine significantly reduced the combined incidence of persistent HPV 6, 11, 16 and 18 infections and related disease, including new cervical pre-cancers and genital warts, compared with placebo.[9]

Last month, the US Food and Drug Administration approved Gardasil for use in females aged nine to 26 years, for protection against HPV types 16 and 18, as well as the HPV types 6 and 11 that are linked to about 90 per cent of genital warts. It does not protect women who have already been infected with HPV prior to vaccination, nor does it prevent less common HPV types.

Targeting

Many questions still remain about the vaccines' use, including eligibility criteria. Concerns have also been expressed over whether vaccinating girls as young as 10 or 11 years (as trial data showed that the best chance of gaining protection from the vaccine was by administering it before being infected with HPV) could convey that they are 'safe' to become sexually active.

The case for giving the vaccine to older women has yet to be established in trials. Both manufacturers are now conducting trials on women aged over 26 years and, if they show that it is possible to get rid of an early HPV infection, the potential of the products will broaden significantly.

As they stand, the vaccines could make a big impact in the developing countries as vaccination programmes are easier to set up than screening, especially if the jab can be given to children at the same time as other routine immunisations. Cervical screening, on the other hand, requires an up-to-date age/sex register, an infrastructure for invitations and a system for dealing with abnormal results. Clearly, cost would be a major issue for vaccines, but support from the World Health Organization and other bodies could be key.

There are also cultural differences to consider. Cancer Research UK points out that some ethnic and religious groups may consider it unacceptable to give young girls a vaccine for an STD. But within these groups, men may be open to the idea of protecting themselves against genital warts, which would in turn give women protection. If this is the case, then having two vaccines could help as some women will not want to be associated with genital warts in any way, but might be much more accepting of a vaccine against cancer.

Women may look forward to the end of cervical screening, but this will not happen in the foreseeable future because no one knows how long the immunity lasts. But as Cancer Research UK says, it's just possible that girls born today may not need to have smear tests.

Nicola O'Connell is a freelance journalist who specialises in healthcare. She is based in London.

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ALMUS

PATIENT SAFETY AWARD

The Award
recognises 'best practice' and
innovation for patient safety
in pharmacy and invites entries
from pharmacists and dispensing
technicians throughout the UK.

Enter the
2006 ALMUS
PATIENT SAFETY AWARD
and win a first prize of

£1,000

All entries will be included
in a prize draw.

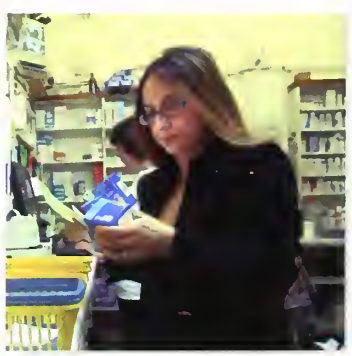
"We are all human, we all make mistakes – we just need to make sure we can learn from them"

Chris Martin, community pharmacist, Pembrokeshire

Sharing your patient safety experiences and learning from the experiences of others creates a wealth of knowledge on best practice innovations and solutions. This Award aims to recognise knowledge that can be shared among healthcare professionals and across pharmacy healthcare settings. This Award aims to highlight the expertise and practical insight available in pharmacies for patients where and when it matters.

It is in collaboration and partnership that true progress in patient safety can be made. The Almus Patient Safety Award supports the development and implementation of solutions that can offer patients safe and effective provision of care.

Keeping patients safe continues to be a government priority. As the collective responsibility of healthcare professionals throughout the UK, patient safety remains at the centre of all NHS development.



Patient Safety Award for Pharmacy

The Award has been designed to reflect not only what is currently being done to implement best practice for patient safety in pharmacy but even more importantly, what could be done ....

"Each month there are nearly 114,000 near misses and over 20,000 actual dispensing errors occurring in community pharmacy"

Understanding Errors and Managing Risk, May 2005

Part One

Patient Safety Incidents: Finding the Solution

Review one of the two scenarios below and provide your written assessment of the situation and recommendations on the appropriate measures to prevent similar errors happening in the future (approx 500 words).

Scenario 1.

The pharmacy is short-staffed. The regular dispensing technician is on holiday; the part-time dispenser off sick, and there is no the back-up.

The two counter staff are supporting the pharmacist in the dispensary, helping him with the 600 items that will be dispensed during that day.

The telephone has been ringing and the pharmacist has just responded to a customer inquiry from the shop floor before returning to the dispensary.

A script for 28 omeprazole 20mg capsules for Mrs H J Patel, 53 Winters Road, Alminster, has been taken in and dispensed by one of the counter staff. Although the right strength and form of omeprazole appeared on the dispensing label, the pack contained 28 omeprazole 40mg tablets and the bag label read 'Mrs H J Patel, 335 Winters Road, Alminster'. The error was identified by the patient after she left the pharmacy.

Identify why this error may have occurred and what steps could be taken to prevent this situation or other similar errors in the future?

Scenario 2.

Eric and Elizabeth Thwaite regularly get their medicines dispensed from the same pharmacy. They are both prescribed several medicines on repeat prescription. These include atenolol 100mg and carbimazole 20mg for the wife, and atenolol 50mg and carbamazepine 200mg for the husband.

Errors have occurred more than once when their medicines have been dispensed in the pharmacy. The wife has also admitted to taking her husband's tablets by mistake on several occasions, and has now asked the pharmacist for advice on how best to manage their medication.

Mrs Thwaite understands what her medication is for (although she is less clear about her husband's) and is clear about the dosage regime for both herself and Mr Thwaite. She complains, however, that their tablets 'keep changing' so she can never be sure which are hers.

What steps would you take to ensure errors in the supply of medication do not occur in the future, and how should Mrs Postlethwaite be advised to manage their medication at home?

Part Two

Innovation in Practice

Submit a brief written overview of patient safe practice in your pharmacy – what you are currently doing, or what could be done to improve procedures (approx 500 words).

Your entry might include examples of new ideas or practical initiatives, protocols, educational activities or team projects, but please specify which are currently being practiced in your pharmacy. Additional materials (SoPs, patient leaflets etc) can be submitted to support your submission, along with photographs or audio-visual material.

Designed to aid dispensing

ALMUS PATIENT SAFETY AWARD

Enter the 2006 Almus Patient Safety Award and win:

- **First prize** of £1,000 plus Almus Patient Safety Award plaque
- **Second prize** of £250
- **Finalist and guest** to be invited to the UniChem Pharmacy Awards presentation dinner on November 10, 2006, in London.
- **All entries** included in a prize draw with three winners to win their choice of either a Chemist + Druggist annual subscription, or enrolment on the Certificate in Pharmacy Management course (a postgraduate course run in conjunction with Queens University, Belfast).
- **Finalists and runner-up** to be featured in Pharmacy Today magazine.

Award Entry Information:

Entries must be printed on A4 paper or submitted online (see overleaf), accompanied by your entry form and any support materials. Your entry should include your response to:

- **Part One**
  Patient Safety Incidents: Finding the Solution
  Submit your assessment and recommendations to one of the two patient safety scenarios in approximately 500 words.
- **Part Two**
  Innovation in Practice
  Please submit a brief written overview of patient safe practice in your pharmacy – what you are currently doing or what could be done in approximately 500 words.

Closing date: September 20, 2006

Please complete the application form overleaf

Designed to aid dispensing

ENTRY FORM

ALMUS PATIENT SAFETY AWARD

Entries should be sent to:
Almus Patient Safety Award,
Almus Pharmaceuticals,
2 The Heights, Brooklands, Weybridge,
Surrey KT13 ONY

To download additional entry forms or **submit entries online**, please go to:
www.dotpharmacy.com/PSA

For further information,
email *award@almus.co.uk*
or call 0800 633 5950

Name:.....

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Pharmacy name:.....

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Pharmacy address:.....

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.....

Postcode:.....

Tel:.....

Email:.....

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Terms and conditions:
Award is open to pharmacists and technicians* working in registered UK pharmacies.
Closing date of September 20, 2006
Judging will take place in October, 2006.
Two finalists will be invited to an Award presentation at the UniChem Pharmacy Awards dinner on November 10, 2006, in London.
All entries will be entered into a free prize draw with winners being drawn randomly. Winners will be notified as soon as practicable after the closing date.
The winner will be required to participate in publicity. Almus Pharmaceuticals retains the right to publish details of any entries submitted.
** Holding NVQ Level 3 Pharmacy Services or equivalent*

Designed to aid dispensing

Winner of the Almus Patient Safety Award 2005
Jonathan Burton, MRPharmS
Superintendent Pharmacist
Danderhall Pharmacy, Scotland

"Patient safety is an issue that has become a personal interest having developed from necessity - wanting to gear up for the new pharmacy contract but believing this was not possible without solid foundations from which to offer additional services and sufficient standards of clinical care.

"What happens if the basics are not right? It is difficult to work off shaky foundations. Procedures on safety – how to prevent errors, and how to handle them – need to be as secure as possible.

"Dispensing errors are still happening with many potential causes whether human, environmental or as a result of confusion between similar looking packaging.

"Patient safety deserves our constant attention in pharmacy."

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Pharmacy update

Continuing professional development

Reflect

Two new vaccines for cervical cancer are in the late stages of development. What do you know about this disease? Do you know what causes it? Do you ever get asked about cervical screening and how effective it is? Are you aware of the drawbacks?

Plan

If you read this article you will learn more about the potential new vaccines for cervical cancer and who will most benefit from them.

Act

Review the types and mode of action of vaccines (British National Formulary chapter 14: Pharm J, February 18, 2006, 276, 209-210). The current outbreak of measles is partly attributed to insufficient babies being vaccinated. What percentage of the population is required for effective protection of that population against a specific disease? Consider the current view of the use of the triple vaccine. Also find out more about the new five valency vaccine: is it being used in your community? In your practice workbook record the next 20 vaccines you supply directly to patients.

Evaluate

Do you now know more about vaccination? Looking at the list of vaccines you supplied, can you identify which are live, attenuated, prophylactic, therapeutic, active or passive?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 5 issue, which will cover this week's CPP-accredited module, together with those in the July 8 and 22 issues.
These will cover:
Rituximab in rheumatoid arthritis (1374)
Cervical cancer (1375)
HRT case study (1376)
A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Pauline Sanderson on 01732 377269.

Chemist + Druggist in association with Genus Pharmaceuticals

C+D GENUS PHARMACEUTICALS

A Practical Approach...

One busy morning at Update Pharmacy, pharmacist David Spencer is called from the dispensary to speak to a customer who has asked for promethazine elixir for her 18-month-old son.

"I understand that my assistant explained that we're not allowed to sell that particular product for children under two years, but you're unhappy with her explanation."

"I just don't understand why," the customer replies. "My son's taken to waking up at three in the morning and he just won't settle down again. My husband works very long shifts and he's got to have his sleep, let alone me having to cope with three young kids. My mum said I should get it. She said she used to give it to us when we were babies and it worked a treat."

"I'm afraid that it's no longer considered safe for very young children and I'm not allowed to sell it," responds David.

"Me and my sisters came to no harm from it. Just sell me a bottle. I won't tell anyone."

"I'm sorry but I can't do that."

"Fine, but I'll find a way to get it," retorts the woman as she storms out of the shop. Two hours later she returns, asks to see David and brandishes a prescription for promethazine elixir. "There you are, you've got to give it to me now," she says.

Questions

1. Could David sell promethazine elixir to the woman?
2. Does he have to dispense the prescription?
3. What should he do?

CPD This article can help in the following CPD competencies: G1g, G1e, G2e, C1f, C3c. See www.tinyurl.com/194zu

Evidence for childhood fever advice 'limited', says BMJ

The practice of giving paracetamol and ibuprofen to treat fever in children has been disputed in this week's BMJ.

In an editorial, researchers in Bristol say they had identified just three studies into the commonly issued advice. They dubbed the evidence supporting as "limited", in terms of both safety and effectiveness. Furthermore, using two drugs has several disadvantages, including the increased risks of over or under-dosing and adverse effects, increased costs and medicalisation, they point out.

The authors conclude: "Given the desire among parents and clinicians to do something when faced with febrile children, it seems churlish to conclude that combined treatment should be withheld from all children. But parents should be advised to use the minimum treatment necessary."

For more information:
BMJ 2006; 333: 4-5

Adherence matters, even if it is to a placebo

People who stick to their medication regimen – even if the drug is a placebo – have better health outcomes than those who do not, says a BMJ study.

Researchers in the USA analysed 21 adherence studies that involved nearly 47,000 patients, and found there was a consistent link between adherence to drug therapy and mortality. As a reason for the association, the authors suggest that compliance with medicines (even placebo) may be a marker for overall healthy behaviour.

The link may also be important for post-marketing drug surveillance, they add as knowing how well patients are adhering to a newly launched product may help identify harmful side effects earlier than at present.

For more information:
BMJ 2006; 333:15-19

A practical approach... last week's answers

1. Morphine sulphate tablets are a Schedule 2 CD and a supply can only be made against a valid prescription; emergency supplies as permitted under the Medicines Act are not applicable to CDs in Schedule 2 or 3.
2. David could suggest:
• A home visit from an out-of-hours GP service, although it would probably be some time before the visit could be made and the doctor might not have the correct medication with him. The doctor could write a prescription for the morphine sulphate but dispensing on a Saturday evening might be difficult and there would, in any case, be further delay. David would need to be assured that Mrs Bryan would get what she needs promptly, before passing on the responsibility.
• Advise Mrs Bryan to go to a hospital A&E department, but she may not be well enough to travel and, again, it would involve delay.
• Assuming there is no way to make a supply that complies with CD regulations, David might have to make an unlawful supply, but it would be ethically justifiable in this emergency situation. He should only supply sufficient tablets to tide the patient over until he receives the prescription, when he can provide the balance.
3. He should record the supply in much the same way as for an emergency supply at the request of a doctor, providing a full account of the circumstances. The record should also be kept as a 'critical incident' report for clinical governance purposes. David should record in the CD register at the time of supply the quantity of the morphine sulphate tablets supplied on the Saturday, and of the balance when he supplies it against the prescription.

Keeping IT simple

Sounds like a contradiction in terms? Well, not anymore. UniChem have teamed up with the market leaders in pharmacy IT, Cegedim Rx and CSY Computer Systems to offer you a one-stop shop for all your IT needs. Meeting the demands of the Community Pharmacy Contract couldn't be more straightforward. Together we can offer you a complete, trouble-free service, from supplying, installing or upgrading your PMR system, to providing advice, support and training. In fact, our helpdesk is the only one of its kind in the industry. Your job is complicated enough, so let UniChem keep IT simple.

PMR made simple: Get ETP/EPS compliant with a seamless upgrade to Nexphase, or a new installation of either Nexphase or Pharmacy Manager. Benefits range from intervention recording and repeat prescription management to broadband ordering capability and access to our extensive educational/news database. Of course if you have Mediphase you are still fully compliant.

EPoS made simple: Reduce stock holding and improve profitability with instant access to the latest sales information. Provide fast, efficient customer service with a system that's easy to set up and use.

IT Solutions made simple: Everything you need to make IT work for you, such as a dedicated support and consultancy team, pharmacy website hosting and Broadband N3 connection to the NHS network.

"The new functionality within Nexphase version 7.2, which includes the MDS module, has enabled us to concentrate more on professional issues rather than on labelling issues"

Bharat Patel at Elora Pharmacy.

Put IT to the test
call 0800 0322454

UniChem

COPD patients to reap care benefits from new framework

Patients with chronic obstructive pulmonary disease will benefit from better standards of care under a new national service framework.

The Department of Health said the work also aimed to provide more treatment choice for patients and reduce postcode prescribing. An estimated three million people in the UK suffer from COPD, with around 30,000 dying each year as a result.

British Thoracic Society president Professor Peter Calverley and DH chief scientist Professor Sue Hill have been appointed joint chairs of the external reference group which will inform the NSF's development. Health professionals, patients, carers and health service managers will be assigned places on the group, to ensure the work meets the needs of COPD sufferers.

• The DH has announced plans for its annual influenza campaign, which looks likely to be affected by a vaccine shortage. More information is available at http://tinyurl.com/aknrrr

Nice issues initial recommendations on treatments for opioid addiction

The National Institute for Health and Clinical Excellence (Nice) is looking at how methadone and buprenorphine should be prescribed for drug misusers.

Among the preliminary recommendations are for methadone to be considered first line treatment, and the need to ensure patients receive psychosocial therapy as part of a supervised care programme.

The organisation has a number of related workstreams currently underway, including the role of naltrexone for opioid dependence and the best way to manage drug misusers in community and prison settings.

Available at http://tinyurl.com/rox8u

Comments on the appraisal consultation document should be submitted by July 21.

For more information:
www.nice.org.uk

In brief

Anzemet and adolescents

Anzemet (dolasetron) has been contraindicated for use in children and adolescents under 18 years.

The SPC has been changed following a review of safety data that linked the drug to electrocardiogram changes, including myocardial infarction and arrhythmias. See www.emc.medicines.org.uk for more information.

Click for Rosemont

Rosemont Pharmaceutical's new website has gone live. The site features information on the company's full range of liquid medicines, product ordering and educational information.

For further information see www.rosemontpharma.com

Adcal D3 100s to go

The 100-tablet pack of Adcal D3 (calcium carbonate, colecalciferol) is being discontinued, with stocks likely to be exhausted in the next four weeks. In community, the pack is being replaced by Adcal D3 112s.

Contact ProStrakan Ltd for more information on 01896 664000.

In brief

Euro OK for iron chelator

Novartis's new iron chelator looks set to launch following a positive opinion granted by the European Medicines Evaluation Agency.

EMEA's favourable decision on Exjade (deferasirox) follows a recently published study that showed that the drug was as good as deferoxamine for treating chronic iron overload due to blood transfusions (C+D, May 6, p25).

The organisation also recommended extending the use of Keppra (levetiracetam) to include monotherapy for partial onset seizures with or without secondary generalisation in adult epilepsy patients.

See www.emea.eu.int for more information.

Clairette hits the spot

Clairette 2000/35 (cyproterone acetate 2mg plus ethinylestradiol 35mcg) has been introduced for the treatment of severe female acne and moderately severe hirsuitism.

The SPC states that although the product acts as an oral contraceptive, it should not be used solely in this way, and instead should be reserved for women requiring treatment for the androgen dependent conditions stated above.

Price: £5.90, pack size: 63 tablets, pip code: 322-2817. For further information, contact Durbin Plc, tel: 020 8869 6500.

Prialt for pain

Eisai has introduced Prialt (ziconotide), an intrathecal analgesic for the treatment of severe, chronic pain.

For further information, contact Eisai Medical Information on 020 8600 1400.

Harmogen dates

Pfizer has said that the only available stock of Harmogen 1.5mg tablets (estropipate) bears an expiry date of December 1, 2006.

The company says it will continue to supply these packs on a sale or return basis until it receives fresh supplies, which it anticipates doing in September.

Contact Pfizer customer services on 01304 645262 for further information.

Tilade inhaler available

Tilade CFC Free inhaler (nedocromil sodium) is now available in a 112-day pack. Price: £39.94, pack size: 2x112 dose inhalers, pip code: 323-3616. For further information, contact Sanofi Aventis, tel: 01483 505515.

BPC 2006

Personalised medicine in healthcare

Manchester International Convention Centre
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Kick-start your career at BPC

Looking for a new job?

Then BPC 2006 is the event for you.

For the first time, BPC will include a Careers Forum which will run for all three days of the conference.

Entry to the Careers Forum and BPC exhibition is free of charge. For details visit **www.bpc2006.org**

For the full programme and to book online visit **www.bpc2006.org**

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Plain speaking from Canesten

Canesten Internal Cream is the new name for Canesten Once, the single dose, pre-filled applicator of 10 per cent clotrimazole cream for the internal treatment of thrush.

The redesign aims to clearly identify the product, aiding recognition by pharmacy staff and customers. A simple colour scheme is used on pack with a yellow wheatsheaf visual to identify the active ingredient. Fluconazole-containing products in the Canesten portfolio carry a pink wheatsheaf.

Product info:
www.canesten.co.uk
Ceuta Healthcare
Tel: 01202 780558

Miss Sporty's new look

Miss Sporty Colour Me Lipstick has been relaunched. The 20-strong line-up includes 11 new shades such as brownie and party girl. It has been reformulated with a super-soft, ultra moisturising formula that goes on smoothly and lasts for up to four hours. Packaging is blue with silver foiled lettering.

Product info:
Coty
Tel: 020 8971 1300

Lethal cocktail sees off mozzies

MozzyOff Cocktail is a new insect repellent formulated by Scottish aromatherapist Marie Sommerville using plant oils.

Said to repel midges, mosquitoes and other biting insects, the product is waterproof and remains effective for up to six hours. It is harmless to synthetic materials such as nylon and GoreTex and can be used effectively in an oil burner, says MozzyOff.

The formulation, which has antihistamine as well as repellent properties, contains bog myrtle, neem and eucalyptus.

Point of sale materials are available.

Product info:
Munro Wholesale
Tel: 01355 270240
www.mozzyoff.com

Price: £3.99/15ml; £9.95/100ml

Get set for Jet-Set Lacquer

Jet-Set Lacquer is a new nail varnish from L'Oreal Paris. Featuring a brush reservoir applicator, the product is said to be as easy to control as a pen and five nails can be painted without reimmersion. Ten shades will be available from pink lotus to black iris.

Also in the pipeline are a French Manicure Kit in pastel pink featuring an angled brush, Manicure Pastel giving a seven day finish in ivory and pale pink shades and a Care Manicure with variants to strengthen, repair and whiten nails.

All will be on shelf from September.

Product info:
L'Oreal
Tel: 0161 655 1400

Price: £5.99/5ml

Drive dandruff out of town

Two anti-dandruff shampoos have been added to the L'Oreal Elvive range. Containing selenium disulphide, the products are effective from the first use and give a visible effect up to four weeks after stopping use, says the company.

The two variants are for normal hair and greasy hair with persistent dandruff, both designed for frequent use.

Price: £3.29/250ml, normal 322-1595, greasy 322-1603; £4.66/400ml, normal 322-1611, greasy 322-1629

Product info:
L'Oreal
Tel: 0161 655 1400


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Solpadeine, the no.1 pharmacy pain relief brand[1], is committed to you.
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Goldshield flexes its joints in media push

Goldshield is aiming to give its jointcare products a boost with a raft of educational initiatives for consumers and the trade. A key message is the products' high strength.

Beginning this month, two age groups are being targeted with PR activity in the national press. For the over 55s, reader offers, case studies and 'tried and tested' columns will run in titles including 'Gardeners' World', 'Saga' and 'Choice'. For the active 25+ audience, 'Top Santé', 'Men's Health', 'Runner's World' and others will offer samples and gym equipment to readers. A website, www.ostex.co.uk, is under development.

Pharmacists and counter assistants are being targeted with an educational CD promoting the evidence behind the use of glucosamine for maintaining joint health. To boost prescription trade, GPs are being sent the CD and promotional bookmarks inserted in MIMS.

Osteoarthritis patients in particular can benefit from taking glucosamine

supplements and with an estimated eight million sufferers in the UK this represents great potential for pharmacy, says Goldshield.

The range, launched last year, comprises Flexeze Double Strength tablets and Flexeze Truefil capsules containing glucosamine and chondroitin and the glucosamine-only Ostex supplement. For topical application, Flexeze glucosamine gel is available.

Product info:
Trinity Sales and Marketing
Tel: 01235 838590

Family Protector has the power to banish those bugs

Family Protector foam bactericide has been launched by Clinimax.

Containing three active ingredients – chlorhexidine and two quaternary ammonium compounds – the product kills bacteria including MRSA, E coli and salmonella, says the company.

One pack contains sufficient for 150 applications costing 2p per use. It is applied to the hands without the need for water and the dispenser is small enough to fit into a handbag, school bag or pocket, adds Clinimax.

The formulation contains aloe vera and is free from alcohol.

Product info:
Clinimax
Tel: 01359 252181

Price: £2.98/150 application

Tasty treats from Rimmel

Rimmel's Jelly Gloss lipgloss has been revamped with a new taste, fragrances and name. Now known as Sweet Jelly, the product comes in 18 shades with bubblegum, peach schnapps or dark chocolate fragrances.

A waterproof variant of Rimmel's Volume Extend Mascara has been launched. As with the original, the new variant comes in a double-ended applicator.

Rimmel's Silky Loose Face Powder now sports a transparent case with a convenient twist on/off black lid and is also more compact.

Product info:
Coty
Tel: 020 8971 1300

Online advice on lymphoedema

Lymphoedema patients can now get information about their condition online by visiting a new website created by Activa Healthcare.

The company hopes the site will serve as a reference point for patients and healthcare professionals, aiding understanding of the condition which affects around 100,000 people in the UK.The website is split into four sections: about lymphoedema, patient information, lymphoedema after breast cancer and prescriber information.

Factsheets are available to download and answers to FAQs provided.

Product info:
Activa Healthcare
Tel: 0845 060 6707
www.activahealthcare.co.uk/lymph

Products advertised on TV next week

Aquaban and **Aquaban Herbal:** GMTV, five, Sat
Aquafresh: All areas except U, CTV, GMTV, Sat
Bisodol: C4
Canesten AF: All areas
Daktarin Dual Action: Sat
Listerine Advanced Tartar Control Mouthwash: All areas
TCP Spray Plaster: All areas
TENA Lady Mini Magic &TENA pants: All areas
Wartner(wart and verruca remover): G, Y, C, M, CAR, Sat
PharmaSite for next week: Bazuka – Windows, **Bazuka –** In-store,
Pepto Bismol – Dispensary
Pharmacy channel: Eurax, Isovon

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Spot the difference: the pressures of being a teenager

There are three areas of teenage health – smoking, safer sex and acne – in which pharmacists can help young people make a less painful transition to adulthood

Adrienne de Mont

Teenage lives are fraught with problems – an excruciating concern about their appearance, mood swings, stress at school, low self-esteem and peer pressure to indulge in unhealthy or dangerous behaviour.

If you see a spotty youth hovering by the acne remedies don't ask: "Do you need help with your spots?" The most tactful approach is to enquire: "Can I help you at all?" in a relaxed and friendly manner, says Michelle Thomson, assistant brand manager for Oxy. Teenagers are highly sensitive about their appearance and would rather not know their spots glow like beacons.

Even parents have the same problems. "Some mums are quite happy to offer advice about spots but others daren't bring up the subject for fear of making their children feel more conscious about it and think that everyone else must be looking at their blemishes."

Boys are particularly sensitive, she says. They tend to close up and not want to talk about it. It's not something you can discuss with your mates, whereas girls find it easier to talk to their peers. Promotion of skincare products tends to be aimed at girls too, but OXY adverts aim to appeal to both sexes. "We're going down a boy-friendly route while trying not to alienate girls," says Ms Thomson.

Another difference between attitudes is that boys want a quick fix – such as wipes or pads that they can put in a sports bag – while girls are prepared to use cleansers and a wider range of products.

Mentholatum has set up a panel of 'Oxylogists' – 175 teenagers from all over the UK – to help devise relevant brand strategies. Last year 2,000 teenagers submitted their scripts to write the next OXY advertisement. Teens voted for the winning ad, which was filmed and directed by the teenager who wrote the original script and was shown on television last December. The company hopes that by bouncing ideas off the 'Oxyologists' it will find more ways to target this audience.

Pharmacists can help teenagers by trying to dispel misconceptions, for example that acne is caused by diet or not washing enough, rather than hormonal changes. Spots won't disappear instantly so preventive treatments should be continued long term. If products cause irritation, users should return to the pharmacy for further advice rather than giving up.

While pharmacists need to appear professional and slightly authoritative, they should use the word 'spots' rather than acne as teenagers might be put off by medical terms, says Ms Thomson. On the other hand, adolescents cringe when older people use teen-speak, particularly when it's way out of style. "We're now trying to find the latest word for zits," she explains.

Further help

The Acne Support Group is for sufferers and those who support them. There is a helpline, 0870 870 2263, and website www.stopspots.org

Galderma UK can supply pharmacies with copies of the booklet 'Face facts: Living with spots', which explains to teenagers the causes and treatment of acne and answers frequently asked questions.

Make sure your GI-sensitive patients get the right choice of pain relief

Q I know about the gastrointestinal risks associated with non-steroidal anti-inflammatory drugs (NSAIDs) at prescription doses, but how great are these risks for over-the-counter NSAID patients?

The risk of a patient suffering an adverse gastrointestinal (GI) event with an NSAID is well-documented at prescription doses[1-4]. These side effects range from the mild (dyspepsia) to the more serious (peptic ulcer and gastric haemorrhage). Evidence that OTC doses also put patients at increased risk continues to grow[4].

Although data shows the GI risk is dose- and duration-related, the danger is still present with low OTC dose NSAIDs. There are some patients for whom this risk is significantly increased (e.g. those with, or a prior history of, peptic ulcer)[4,5], and who should avoid these drugs altogether.

Studies show OTC doses of ibuprofen increases the risk of serious GI events from almost 1.5 to 3.5 times.[4,6] A publication has noted that the risk of an upper GI bleed for any NSAID is highest during the first week of use; more than double the risk of those using these drugs long-term. An evaluation of the endoscopic changes resulting from short-term use of 1200 mg ibuprofen (given as three daily doses) in healthy adults, found that 17.9% of ibuprofen users developed ulcers, compared with 2.5% for placebo.[7]

The pharmacist's role in educating patients is critical as many patients do not know of the risks associated with OTC NSAIDs, assuming that because they are available without a prescription, they are suitable for everyone. In fact, a recent study found almost 55% of OTC NSAID users were unaware of possible OTC NSAID side effects.[8] Once alerted to the serious potential GI side effects of these drugs, over three-quarters of respondents expressed concerns over their use.[9]

The active ingredient in Panadol, paracetamol, is recommended as first choice analgesic for GI-sensitive patients, due to the fact it does not increase the risk of serious GI adverse events[4,10] and is not associated with upper GI bleeding at any dose.[4]

So make the right choice for those with GI sensitivity – recommend Panadol

"...these results suggest that users may underestimate the potential for adverse side effects...OTC analgesic NSAIDs are widely used, are frequently taken inappropriately and potentially dangerously, and are generally believed to be safe[11]"

Paracetamol

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Panadol Tablets are for the relief of mild to moderate pain

Panadol Tablets Product Information. Presentation Each tablet contains Paracetamol 500 mg. **Uses:** Headache including migraine and tension headaches, toothache, neuralgia, backache, rheumatic and muscle pains, pain due to non-serious arthritis, dysmenorrhoea, sore throat and feverishness, symptoms of cold and influenza. **Dosage and administration:** *Adults and children, 12 years and over:* Two tablets up to four times daily. Not more than 8 tablets in 24 hours. *Children 6-12 years:* Half to one tablet up to four times daily. Not more than 4 tablets in 24 hours. Not more than 3 days use in children without doctors advice. *Children under 6 years:* Not recommended. Do not exceed the stated dose. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe liver or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine. Not to be taken concurrently with other paracetamol-containing products. Use in pregnancy should be under medical advice. Not contraindicated in breast feeding. Arthritis sufferers should consult a doctor if they need painkillers every day. Sufferers from persistent headache should consult a doctor. **Side effects:** Paracetamol may cause hypersensitivity, including skin rash. Very rare reports of blood disorders not necessarily causally related. **Overdosage:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well because of the risk of delayed, serious liver damage. **Legal category:** 16's, GSL. 32's P. **Product licence number:** [illegible]. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Compact 16's £1.85. Pain [illegible] £1.85. 32's £3.15. **Date of last revision:** May 2006. Panadol is a trademark of the GlaxoSmithKline group of companies.

Sexual health: how to be teen-friendly

Pharmacies offer authority and approachability for giving teenagers advice on contraception and sexual health

Concern over the high rate of teenage pregnancies and the increase in sexually transmitted infections are at the heart of recent government strategies. The UK has the highest teenage birth-rate in Europe – twice as high as Germany, three times as high as France and six times as high as Holland. Only the USA has a higher rate than the UK.

Added to that, chlamydia is now the most common STI diagnosed in UK genito-urinary medicine clinics, where the number of new cases increased by 5 per cent in the year 2004-05 to 109,832. The highest rates of infection and highest increases in diagnoses were seen for both sexes in the 16 to 24 age group.

The National Teenage Pregnancy Strategy (1999) aims to reduce teenage conceptions by half by 2010, while the National Strategy for Sexual Health and HIV (2001) aims to tackle the increasing prevalence of STIs.

Both suggest that young people lack the necessary information to help them make informed decisions on sexual health, and stress the need for better information, advice and support.

Carol Robinson, a nurse and lecturer in sexual health at Canterbury Christ Church University, says: "Community pharmacists are ideally placed to provide effective contraception and sexual health advice to young people. Studies have shown that a trusted and accessible service for contraceptive and sexual health advice should include confidentiality, age-specific focus, a friendly atmosphere, non-judgemental staff, accessible locations and suitable opening hours. Nationwide there are already some excellent examples of good practice, including pharmacies supplying emergency hormonal contraception on the NHS, free condoms and chlamydia testing kits.

"Fear and embarrassment may make young people reluctant to ask for information. Posters, leaflets and promotional materials, together with appropriately trained staff, will help create a comfortable young-person-friendly environment. If a request for contraceptive or sexual health advice is made, provide a private area if possible. Establish a rapport by using language they understand. In addition, a friendly, non-judgemental and supportive attitude, which allows time for the young person to make an informed decision, will have the most positive outcome.

"The scope for pharmacists to work within a multi-disciplinary framework and be recognised as a source of advice for young people is vast. The community pharmacy offers local access, often out of hours. There is no need for an appointment and it is without stigma."

As well as providing information on all aspects of sexual health, the pharmacist should be aware of young people's legal rights and be able to signpost to other relevant healthcare services, she adds.

Confidentiality is of paramount importance. Even with under-16s the duty of confidentiality is as great as for anyone else. An explicit request that information should not be disclosed to any third party must be respected unless the health, safety or welfare of the young person, or any other person, would be at serious risk.

The Royal Pharmaceutical Society's guidance on reporting sexual activity in children advises on what

Community pharmacists can provide a confidential, non-judgemental atmosphere in which teenagers are less reluctant to ask for information

Website resources

Young people and sexuality

Sex and Relationship Education Guidance	www.dfes.gov.uk/sreguidance
Public health facts	www.hpa.org.uk
The Sex Education Forum, tel: 020 7843 6051	www.ncb.org.uk/sef
Sex education for young people with special needs	www.me-and-us.com
Teenage Pregnancy Unit website	www.teenagepregnancyunit.gov.uk
Information on sex, love and life	www.bbc.co.uk/teens
British Pregnancy Advisory Service: information on pregnancy, abortion and emergency contraception	www.bpas.org
Sex advice and contraception	www.brook.org.uk
Information for young people on sex education and teenage life	www.likeitis.org.uk
Former Family Planning Association. A registered charity to improve the sexual health and reproductive rights of all people throughout the UK	www.fpa.org.uk
Sexual health information, health screening and abortion	www.mariestopes.org.uk
Supports young people up to 19 with gender identity issues, tel: 07020 935066 12 to 9pm	www.mermaids.freeuk.com
Answers to questions young people have about sex	www.playingsafely.co.uk
Interactive health information site for teenagers	www.teenagehealthfreak.org.uk
Answers to questions about sex	www.ruthinking.co.uk
Sexual health and disability	www.outsiders.org.uk

(provided by Carol Robinson, BSc (Hons) Community Health Care, RGN, NDN, specialist nurse contraception Cert Ed, adviser to Pasante Healthcare)

Sexually transmitted infections (STIs)

Information on HIV and AIDS	www.aidsmap.com
Young people's guides to sex, relationships, contraception, HIV and AIDS	www.avert.org.uk
The British Association for Sexual Health and HIV	www.bashh.org
Information on chlamydial infection for all	www.chlamydiae.com
The Herpes Viruses Association (HVA)	www.herpes.org.uk

Training programmes

Sex and relationships training for health professionals and others dealing with young people, tel: Carol Robinson on 07999 411909	www.hyphop.co.uk

Product news

Pasante promotion: Pasante Healthcare is running a 25 per cent extra value pack promotion (15 condoms for the price of 12), together with other money off promotions throughout 2006. www.pasante.com

No excuse: SSL International is running a summer-long campaign for Durex entitled "He says, you say", providing answers for women aged 16 to 24 to excuses their partners may come up with for not wearing a condom. Campaign activities include one million flyers distributed in pubs, clubs and universities, women's magazine advertising and special offers on Durex. www.hesaysyousay.co.uk

Free condoms: Church & Dwight is giving away thousands of free Trojan condoms on its website and has teamed with Brook, the sexual health charity, to offer professional advice to holidaymakers. www.trojanpleasure.co.uk

harmacists should do if they suspect sexual abuse nd when a breach of confidence might be ustifiable. At the same time, the Society says, it is mportant not to deter children from seeking upport on sexual health matters if they think onfidences might be broken.

What teens are up to

he trend is for people to lose their virginity at an arlier age – the 2005 Durex Global Sex Survey ound the average age worldwide for first-time sex as just over 17 and that 38 per cent of 16 to 20 ear olds had had unprotected sex without knowing heir partner's sexual history.

But research commissioned by Trojan condoms uggests the safer sex message is getting through, vith over 80 per cent of under 25s saying they vould not have unprotected sex on holiday (up rom 60 per cent three years ago). More than alf now said they packed condoms before hey went.

Most thought one partner was an acceptable umber in one holiday. Only 4 per cent of men and per cent of women thought six or more partners as acceptable (11 and 3 per cent respectively in 003). In 2003 one in five young people said they ravelled to Ibiza for sex; now half of them say the nain reason is to relax, meet people and booze.

Helen Knox, an outreach clinical nurse specialist n contraception and sexual health, says the logical xplanation for this change is that people are earing too many horror stories from friends iagnosed with chlamydia and other STIs.

Cheaper condoms

he government has reduced VAT on condoms from 7.5 per cent to 5 per cent to make protection more ffordable to young people. The NHS is also ducating young people to look for CE marking and SI kite marking as essential signs of quality.

Pasante Healthcare says that, although condoms ffer a high level of protection against both onception and STIs, they are the contraceptive east favoured by young people. Offering variations uch as dotted, ribbed and mixed flavours is more ikely to attract them to buy. Packaging is gradually ecoming less aggressive and in softer colours to ppeal more to women.

All the appeal of an ashtray

The right approach is key to deterring teens from smoking

Eighty per cent of smokers start in their teens. So how can health promoters make smoking appear uncool? "If only we knew," says Amanda Sandford, research manager at Action on Smoking and Health.

Four hundred children a day try smoking for the first time. "If children experiment with just one cigarette, it closes the gap between them becoming smokers and not taking up the habit. But we must keep a sense of proportion. While it's disturbing that on average about 10 per cent of 11 to 15 year olds smoke, we shouldn't lose sight of the fact that 90 per cent don't."

Although the majority don't intend to become long-term smokers, the figure of 1 to 2 per cent of 11 year olds who smoke regularly becomes 23 per cent by 15. "The chances are that they will then continue into adulthood," says Ms Sandford.

The best way to address teenage smoking is to regard them as part of the overall problem and not set them apart from adults, ASH believes. Population-wide anti-smoking policies work better than anything aimed specifically at teenagers. For example, banning smoking in workplaces should help children to grow up in an environment where smoking is not the norm, making them less likely to want to copy others and take it up themselves.

The best way to address teenage smoking is to regard them as part of the overall problem

Banning cigarette promotion and advertising should help too. Although tobacco manufacturers argue that advertising acts only to influence brand choice, ASH has a lot of evidence that advertising encourages positive attitudes towards smoking. A high tax on cigarettes also acts as a deterrent, as teenagers in particular are conscious of cost.

Teenage smokers need the same support services as adults to help them stop, says Ms Sandford, and young people should be offered nicotine replacement therapy where appropriate.

Relaxed and slim? You're wrong

Young people may think smoking helps them 'chill', keeps them slim and makes them look sophisticated and mature. But they couldn't be more wrong.

Lloydspharmacy suggests pharmacists offer the following information to discourage smoking:

- Cigarettes do not aid relaxation; nicotine is a stimulant that speeds up the heart.
- Cigarettes are not a good way to keep weight down. Most smokers substitute cigarettes for food so have the potential to be malnourished.
- Smoking ruins your skin and teeth and helps wrinkles appear earlier than normal.
- Nicotine is more addictive than heroin.
- Cigarettes contain over 1,000 other chemicals as well as nicotine
- The carbon monoxide in smoke depletes the body of oxygen.
- Smoking ruins any potential sporting careers
- It is expensive and a waste of hard-earned money – over £5 for a packet of 20 cigarettes
- Worst of all, it can kill.

Pharmacists could also try the Parentline Plus approach, which advises parents: "Get up on the facts and talk openly about what you see as the health risks of smoking. Don't let your chat end up being a lecture as your teen is likely to tune out. If you feel as if you are doing all the talking, ask questions and show interest in their opinions."

Some parents find talking about health risks is enough; others look for a different angle. As one says: "I knew my daughter's Achilles heel was not health but vanity. We talked about the damage smoking does to your complexion and teeth and that seemed to work." (www.parentlineplus.org.uk)

The website www teenagehealthfreak.com targets both health and vanity. Among the 4,000 "nasties found in cigarettes" it lists arsenic "used in rat poison" and hydrogen cyanide "used as a method of execution in the USA for prisoners on death row".

A quiz entitled 'Puffing it and snuffing it? Think you know all about smoking?' asks: "Which of the following will happen when you smoke? Yellow teeth and bad gums, yellow fingers or skin wrinkles?" The answer is "all of them, and what's more you will stink of fags as well, which is totally, utterly unsexy" "If you do smoke, give up and spend your money on nicer things."

Help from NRT

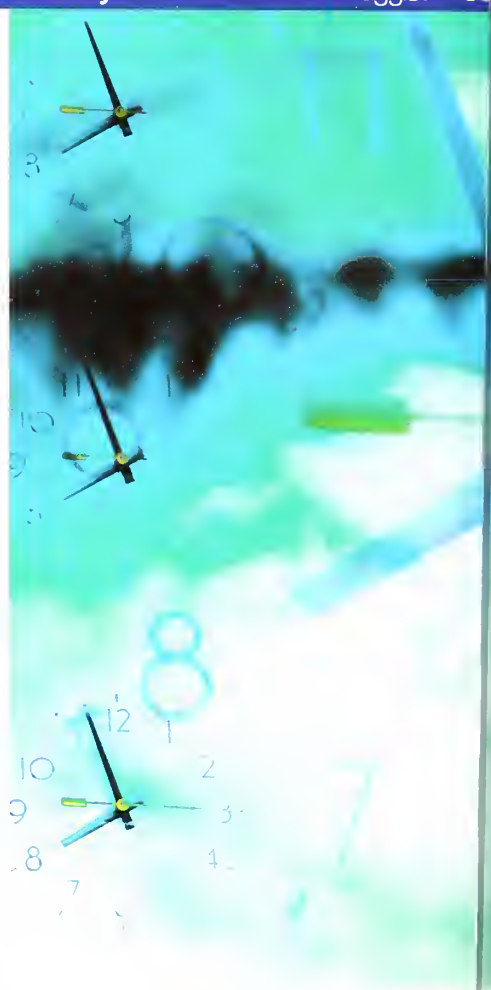
Evidence has shown a person is twice as likely to quit with nicotine replacement therapy than going it alone. Earlier this year the Commission on Human Medicines recommended that NRT should be available to 12 to 18 year olds, on the grounds that it was less harmful than continuing to smoke But as there is limited data on safety and efficacy in this group, treatment should not be continued longer than 12 weeks without the advice of a doctor, pharmacist or nurse.

Pfizer Consumer Health was the first to take advantage of this by changing the licence for Nicorette, but it is too early to say whether there has been any impact on teenage smoking habits

Novartis Consumer Health can give no further information about its plans but offers the following on helping smokers of any age to quit

- Help select the right method for them and their lifestyle.
- Support and encourage them at every step
- Support full compliance and proper dosage
- Develop an action plan to increase chances of success.
- Reduce over-emphasis on willpower alone
- Agree review dates so you can monitor progress
- If the smoker relapses, reassure them that this is normal and no sign of failure
- Highlight your availability for counselling
- Promote NRT products in the window
- Have details of websites and helplines at hand, such as the Nicotinell Quitline on 0800 917 3333.

Overcoming time and business pressures



Pharmacists' time has always been precious. But with the introduction of the new pharmacy contracts, the pressures on time have increased. For pharmacies to prosper and indeed in some cases survive, all members of the pharmacy team need to work together in delivering quality services to patients. This will require significant changes in how pharmacies and pharmacists work. This article, the second in a series looking at the 'change challenge', discusses how time management skills can help pharmacists to develop patient-centred services

Satyan Kotecha

The new pharmacy contracts represent a major driver for change in pharmacy. They will require pharmacists and their staff to re-evaluate the ways they spend time and make money through new patient-oriented services. This was highlighted in the first article in this series (C+D, July 1, p30).

The challenge for pharmacists is to make the most of these opportunities by finding the time to incorporate new or expanded services into their busy working day. Effective time management is therefore vital in order to successfully introduce these new services.

Finding time for new services

How can pharmacists find the time to take on and develop new services? Delegation will be essential, but first managers will need to look at the pharmacy's skill mix (this will be discussed further in the next article in this series). You will need to allow time for training if staff are to be asked to undertake new activities, such as taking on more responsibility in the dispensary or becoming involved in a new service such as a pharmacy smoking cessation programme.

It is essential that staff know what is expected of them and why the changes are taking place. Explain the time and business pressures so that they understand why they are being asked to take on new tasks. New responsibilities can be agreed during staff appraisals, and remember that job descriptions will need to be revised.

Consider which tasks can be delegated, and to whom. It is not only a question of delegating the traditional tasks. Think about the best skill mix for new patient services. For example, in England and Wales, with medicines use reviews (MURs), you might well decide to delegate some of the pre-appointment paperwork to your support staff.

Standard operating procedures (SOPs) can help structure workload and make the best use of your support staff. SOPs are useful as a tool to develop efficient systems in the pharmacy, not just bits of paper or instructions sitting in a folder. They are already required for the dispensing process, and for advanced and enhanced services under the new contract in England and Wales.

But there is no need to stop there: systems can be usefully applied to any day-to-day task in the pharmacy. The key is that any such systems should be developed jointly and not dictated. Allow the pharmacy team to take ownership, and explain to your staff that the aim is to allow the business to run more efficiently and that it is not 'Big Brother watching you'.

Through all this, it is important to remember that dispensing prescriptions remains the core pharmacy business and the main source of income, certainly for the time being. Additional patient-centred services will only be practicable if you have the prescription volume and footfall. It is essential, therefore, that your dispensing service can run efficiently without your constant presence. Having efficient ordering systems will help to release time, provided your staff receive training so that they are able to comply with buying policies.

Among other activities that can help with time management are prescription collection and repeat dispensing services. Both are useful in aiding work planning and can help to release time for development of new patient services.

Effective use of IT is also important. For example, pharmacy software is now available that allows you to automatically populate the background information that has to be recorded on the MUR form (demographic details, medication) from the patient medication record. What can take 10 to 1

CASE STUDY

Prescription collection and delivery

Setting up a prescription collection service has helped me to save time. Prescriptions are now ready at least two days in advance, allowing me more time to talk to patients when they collect their scripts instead of working under pressure to dispense a script while the patient waits (and not necessarily having all the drugs in stock). An added benefit is that I have time to promote new services to patients and can often provide services such as MURs there and then. This is a practice example of shifting from a Quadrant 1 task to a Quadrant 2 task (see figure 1).

CASE STUDY

Dispensary Ordering System and Professional Services

An efficient dispensary ordering system is central to good time management. One of the first changes we made to better manage time and business pressures was to review our medicine buying policies. We introduced a new system whereby instead of always hunting for the cheapest products we now buy across the board from specific wholesalers and manufacturers. This saves a considerable amount of time and is easier for dispensary staf who know exactly what to order and from whom

Also relevant to time management is the design of the consultation area. In my experience areas that work most efficiently are those that maintain privacy but still allow the pharmacist to be aware of what is going on in the dispensary. This means that I can do a consultation without the dispensary coming to halt, because the dispensary team know that I am in a position to intervene if needed.

We currently offer asthma and diabetes medicines support services and these services, though not directly funded, enhance loyalty among key customer groups. They provide a "value-added" service to a group of patients wh are high users of pharmacy. This gives us a competitive edge. The services have also helpe to build relationships with the local GPs who receive a copy of the pharmacist's report.

minutes by hand can now be done in seconds, allowing more quality time with the patient.

Central to the issue of time management is to prioritise tasks. One recognised way of looking at this is Covey's time management matrix (see fig 1).

Choosing which services to develop

As health professionals and business managers, there will be many decisions to make when you consider undertaking new services:

- What is the risk?
- How do you choose which service to develop?
- What are the likely effects — good and bad — on the business?

It is worth emphasising that although you may be keen to expand your patient services as quickly as possible, you should not automatically agree to any enhanced service suggested by the PCT. Take time to consider how the suggested service fits in with your business plan and whether it will be appropriately remunerated.

As regards likely effect on the business, points you will need to consider here include

- Income stream.
- Customer loyalty.
- Set up costs.

On the positive side there will be an income stream from locally enhanced services. The importance of developing customer loyalty should also be appreciated (see case study).

The overall effect on the business from patient intervention services is not yet known. For example, when pharmacists started MURs there were anecdotal reports of 'lost' prescriptions and sales of emergency hormonal contraception while the pharmacist was with a patient in the consultation area.

This is a time management issue and is likely to be only a short-term effect. It is not surprising that these services take longer than expected to start with. As well as taking time to discuss the patient's drug issues, it can be difficult to finish the consultation. This is a skill in itself: it might be nice to discuss Mrs Smith's holiday but you do not have the time for this. With experience of doing these consultations — and communication skills training — MURs should take less time.

It is helpful to ensure that your staff know when you can be disturbed while you are with a patient in the consultation area, and when you should be left uninterrupted.

Conclusion

With careful planning and good time management, pharmacists should be able to overcome time and business pressures that might otherwise hinder the development of new patient services

Key actions

1. Consider what tasks you can delegate, and to whom, and then make sure appropriate training is given.
2. Invest in appropriate IT
3. Don't spend too much time on activities that give small returns (financial or professional)
4. At the start of an MUR or other consultation, tell the patient how long you expect the consultation to last. Consider the situations in which you are happy to be disturbed by your staff while undertaking a consultation and make sure your views are communicated to the team.
5. Pharmacy managers should keep a diary so that they can plan their day and keep track of patient appointments.

About the author

Satyan Kotecha

Satyan Kotecha is a community pharmacist in Nuneaton. He is also a PEC pharmacist and an LPC representative. He is a member of GSK's Community Pharmacy Working Group.

Reference

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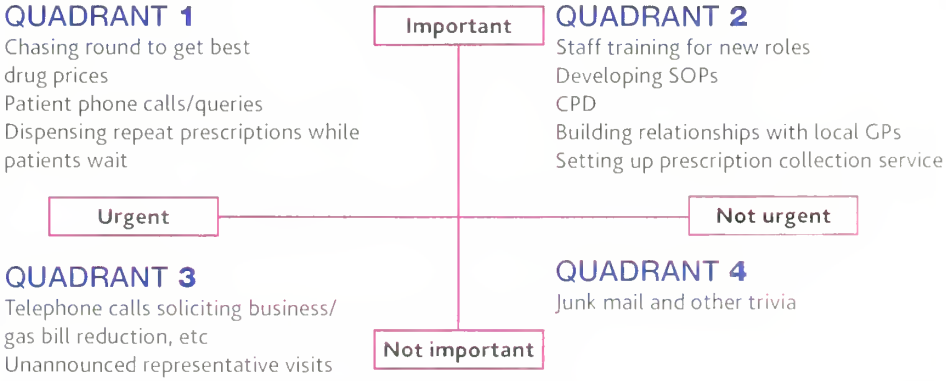
This article is supported by GlaxoSmithKline

Figure 1: The time management matrix (Covey[1])



Footnote to figure: The aim is to maximise Quadrant 2 time. Failure to do this means spending more time on Quadrant 1 tasks ... day-to-day organisation and crisis management. The problem is that we tend to convince ourselves that we do not have time for Quadrant 2, the "not urgent but important" activities. But giving thought to these longer-term tasks will ultimately help to save ...

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Scone Pharmacy becomes Davidsons branch of the year

Prize money of £5,000 goes to the staff at Davidsons

The first Branch of the Year competition run by Davidsons Chemists, which has 24 pharmacies across north east Scotland, has been won by the Scone Pharmacy in Scone, Tayside.

Pictured with Allan Gordon, managing director of Davidsons, is Yvonne Norris, pharmacist at Scone Pharmacy. As well as a trophy, Ms Norris received a cheque for £5,000, which was shared among the staff. "We have also had two meals out," she said. "One for the team and the other with our van driver and his wife." There are seven regular members of staff at the branch.

Mr Gordon said the Scone Pharmacy won because it has "a very good esprit de corps, good customer relations and good staff development".

The pharmacy's Anne Petrie is the first accuracy checking technician in the group. The Scone Pharmacy also ticked all the right boxes for increasing profits.

Davidsons introduced the competition last year as a way to encourage, motivate and reward the company's best performing branch. "We also hoped it would inject a spirit of internal competitiveness within our branch network," said Mr Gordon.

Clearblue reaches 21st birthday

Clearblue has celebrated its 21st birthday in style at its Bedford headquarters.

More than 500 staff enjoyed a barbeque (including a hog roast), ice cream, popcorn and candyfloss. They also took part in fairground attractions, a bungee run, human table football, and a treasure hunt. A band played 1980s music to recall the spirit of when the pregnancy and ovulation test supplier was launched in 1985.

At the end of the day, competition winners were presented with their prizes and Peter Welch, pictured left, managing director, and Stewart Wile engineering manager, who has been with the company since its launch, cut the Clearblue birthday cake.

Superdrug Safe Brigade 'firemen' rolled up to the House of Commons in their pink truck and handed out sun cream and postcards advising MPs and the public about the importance of staying safe in the sun in a bid to get them to sign the chain's 'Sun Tax' petition. Sun protection is currently liable for VAT at 17.5 per cent and classed as a luxury. Superdrug wants Chancellor Gordon Brown to change this for summer 2007 since in the UK around 1,700 people die from melanoma and 60,000 new cases are diagnosed each year

Pharmacy seeks sunglasses for Mercy Ships charity

A Middlesex pharmacist is asking for adult and children's non-prescription and surplus stock sunglasses to be sent to him on behalf of the Windsor & Eton Rotary Club in support of the Mercy Ships charity.

Uma Patel, pharmacist at Dunns Chemist in Cranford, Middlesex, is asking readers to ring him on 020 8759 0553 or send sunglasses direct to his pharmacy at 740 Bath Road, Cranford, Middlesex TW5 9TY.

The Mercy Ships charity is sending a new hospital ship, The Africa Mercy, to West Africa August to provide help and healing to some of the poorest people in the world. Non-prescription sunglasses are urgently needed fo post-operative eye surgery patients.

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